

## REGISTERED FAMILY HOME ENROLLMENT INFORMATION

Caregiver's Name		Address	
Child's Name		Date of Birth	Child's Home Telephone No.
Child's Address			
Date of Admission	Date of Withdrawal	Hours and days child will be in care	
Parent's or Guardian's Name		Address (if different from child's address)	
List telephone numbers where parents may be reached while child will be in care:	Mother's Telephone No.	Father's Telephone No.	Guardian's Telephone No.
Give name of person to call in case of an emergency if parents/guardian cannot be reached:		Telephone No.	Relationship
I hereby authorize the day care facility to allow my child to leave the day care facility ONLY with the following persons:			

**CHECK ALL THAT APPLY:**

1.  **TRANSPORTATION:** I hereby  give  do not give – my consent for my child to be transported by caregiver:  

on field trips       to and from home       to and from school
  
2.  **WATER ACTIVITIES:** I hereby  give  do not give – my consent for my child to participate in water activities:  

splashing pools       wading pools       swimming pools       other bodies of water provided by the facility

**Parents's Comments :**

3.  **SCHOOL AGE CHILDREN:** My child attends the following school:

\_\_\_\_\_

Name of School and Address

\_\_\_\_\_

School Ph. #

4.  **RECEIPT OF PARENT'S GUIDE**  
I acknowledge receipt of "A Parent's Guide to Registered Family Homes".

\_\_\_\_\_

Signature - Parent or Legal Guardian

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries during the past 12 months, any medication prescribed for long-term continuous use, and any other information which staff should be aware of:

**AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:**

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the caregiver or person in charge to take my child to:

Physician	Address	Telephone No.
Hospital or Clinic	Address	Telephone No.

**I give consent for this facility to secure any and all necessary emergency medical care for my child.**

\_\_\_\_\_

Signature - Parent or Legal Guardian

\_\_\_\_\_

Date