



CHILD'S PREADMISSION RECORD

THIS SECTION IS TO BE COMPLETED BY THE CHILD'S PARENT OR GUARDIAN. THIS FORM MUST BE KEPT IN THE CHILD'S FILE IN THE CHILD CARE FACILITY.

Child's Name _____ Name child is known by _____

Child's birthdate ____/____/____ Child's home address _____

Name(s) of parent(s)/guardian(s) _____ Home telephone number _____

Address of parent(s)/guardian(s) _____

Mother's employer _____ Father's employer _____

Employer's address _____ Employer's address _____

Employer's telephone number _____ Employer's telephone number _____

List telephone numbers such as beeper, cellular phone, etc. _____

Instructions regarding how parent/guardian may be reached in an emergency _____

Person(s) to be contacted in an emergency if parent(s)/guardian(s) cannot be reached:

NAME	RELATIONSHIP TO CHILD	ADDRESS	TELEPHONE #
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Name of child's doctor _____

Address _____ Telephone Number (____) _____

EMERGENCY AUTHORIZATION:

I give permission for the child care facility to obtain emergency medical treatment, including emergency transportation, for my child if I cannot be reached immediately. I agree to be responsible for an emergency medical expenses incurred. *(If parent/guardian refuses to sign, instructions must be attached stating what procedure the facility is to follow in an emergency)*

Signature

Date

Form not valid without signature of child's parent/guardian
Page one of two-form not valid without second page.



Child's Preadmission Record (continued) - page two of two-form not valid without first page.

Describe and special needs or instructions: _____

Person(s) the child may be released to:

NAME	RELATIONSHIP TO CHILD	ADDRESS	TELEPHONE #
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

I understand that the Department of Human Resources does not inspect activities away from the child care facility (home or center). The licensee of the child care facility assumes full responsibility from such activities.

_____/_____
Signature of parent/guardian / Date

I give permission for my child to participate in: (circle yes or no and sign each line)

Activities away from the facility: yes no Signature _____ Date _____

Transportation provided by the facility: yes no Signature _____ Date _____

Swimming/wading activities provided by the facility: yes no Signature _____ Date _____

Form not valid without signature of child's parent/guardian in each space indicated above.

This section is to be completed by the facility's staff.

Child's first day of attendance _____ Child's withdrawal date _____

Additional information may be attached.

Child's name _____ Date of Enrollment _____

Weekly Schedule:	Monday	Tuesday	Wednesday	Thursday	Friday
Arrival Time	_____	_____	_____	_____	_____
Departure Time	_____	_____	_____	_____	_____

(Note: The weekly schedule is intended to represent a typical week and will only be used to assist with teacher scheduling. We realize that actual schedules will vary based on your needs.)

_____ (initial) If your child has a temperature of 100 degrees or more, or any symptom of a contagious disease or infection, you must make other child care arrangements. In most cases, we ask that your child remain at home at least 24 hours after leaving the school because of an illness. Re-admittance is at the discretion of the Director. In addition, I agree to notify Childcare Network within 24 hours if any member of my immediate household is diagnosed with a communicable disease.

MEDICAL AUTHORIZATION

_____ (initial) I agree that Childcare Network staff may authorize the physician of their choice to provide emergency treatment in the event that neither I nor our family physician can be contacted immediately. Childcare Network agrees to provide transportation to an appropriate medical resource in the event of an emergency and will not administer any drug or medication without specific instructions from the physician. In the event of such accident or illness, all medical expenses incurred are my responsibility. I release Childcare Network, and all of its employees, officers, directors, servants, and agents from liability incurred as a result of any act they may perform on behalf of my child.

DELIVERY OF STUDENTS

_____ (initial) I agree that when delivering my child to the school, I or the person I have authorized to drop off my child, will personally deliver my child to his/her teacher or the staff person in charge. I further agree that when picking up my child, I or the person I have designated, will personally come into the school and receive my child from his/her teacher or the staff person in charge. At no time will I leave my child at the school without first making his/her presence known to the staff, nor will I take my child from the school without notifying my child's teacher. I further agree that I or the person I have authorized to deliver and/or pick up my child will sign my child in/out on a daily basis.

CHANGE OF STATUS

_____ (initial) I agree to notify Childcare Network immediately of any changes that occur in the information provided in this enrollment application including work and home address, phone numbers, physician's name, living arrangements, health information, emergency contacts, etc.

ACTIVITIES PLANNED OUTSIDE THE FENCED AREA OF THE FACILITY

_____ (initial) I do _____ do not _____ give my permission for my child to participate in activities planned outside the school's fenced area.

DISCIPLINE POLICY

_____ (initial) I have received a copy of Childcare Network's discipline policy. The policy has been discussed with me and all my questions have been answered. I understand that I will be consulted for advice and/or suggestions of other possible disciplinary actions for my child, if necessary.

CHILD ABUSE/NEGLECT

_____ (initial) As a child care provider, Childcare Network is mandated by state law to report any cases where there is reasonable cause to believe that a child has been neglected, exploited, deprived, sexually assaulted, sexually exploited, physically injured or suffered death by other than accidental means by a parent, guardian or caretaker, to the proper authorities. Childcare Network will cooperate fully with the authorities in the investigation of all such cases. To avoid any misunderstandings, parents are encouraged to keep the school director aware of any unusual bruises, marks or injuries occurring in the home.

CONFIDENTIALITY STATEMENT

_____ (initial) Information pertaining to your child is considered confidential and will not be released by Childcare Network to third parties without first obtaining your written permission. However, it may be necessary to share relevant information relating to your child's family situation, medical status and behavioral characteristics with authorized members of the state child care licensing agency or with persons authorized by the state licensing regulations or law to receive such information.



HOW DID YOU HEAR ABOUT US?

(check one) Yellow Pages Radio Newspaper Drive By Agency _____
Parent referral (name) _____ Other _____

HAS YOUR CHILD PREVIOUSLY BEEN ENROLLED IN ANY PRESCHOOL?

(check one) Yes No

If yes, Location 1 _____ Dates of Enrollment _____

Location 2 _____ Dates of Enrollment _____

Location 3 _____ Dates of Enrollment _____

Parent/Guardian Signature: _____ Date: _____

Director's Signature: _____ Date: _____

Print this application and bring it to the school. Thank you.



DIRECTOR USE ONLY

Withdrawal Date: _____ Withdraw Reason: _____

_____ Dates of Enrollment _____

All applications for enrollment are considered without regard to race, creed, color, sex, religion, national origin or disability.
Childcare Network is an equal opportunity provider. Revised 01/08