

**Providence Benedictine Child Development Center  
Enrollment and Authorization Form**

Name of Child \_\_\_\_\_ Date entered care \_\_\_\_\_

Birthdate \_\_\_\_\_ Nickname \_\_\_\_\_ Age at entry \_\_\_\_\_

Allergy Alert: Does your child have allergies? Yes No To What? [List details on back](#)

**Parent(s) or Guardian(s) Contact Information:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Employer/worksite/hours \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell and/or pager number \_\_\_\_\_ E-mail Address \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Employer/worksite/hours \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell and/or pager number \_\_\_\_\_ E-mail Address \_\_\_\_\_

**We always try to contact parents first. However, we are required to have an emergency contact OTHER THAN parents. These people are also authorized to pick up your child from the facility. Please list all phone numbers appropriate:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Other people authorized to pick up child in non-emergency situations:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Medical Provider \_\_\_\_\_ Phone \_\_\_\_\_

(please complete allergy and health issues section on back of form)

Insurance Information (if applicable) \_\_\_\_\_

School-age Child's Dentist \_\_\_\_\_ Phone \_\_\_\_\_

(If no dentist, then list dentist of record for child care facility)

**My Signature gives permission for the following:**

In an emergency, the child care facility has my permission to call an ambulance or to take my child to any available physician or hospital at my expense and to obtain medical treatment for my child. In most emergencies, 911 is called and child is transported to nearest hospital (Silverton Hospital) and seen by Dr. on call. (Parents are always notified as soon as possible.)

A check in box indicates approval:

- My child may be given non-prescribed medication as indicated on the container, including sunscreen, children's pain reliever, and diapering ointment. All medications, prescription and non-prescription, must be current, in the original container and have a permission form filled out.
- My child may be taken on field trips or excursions by bus, private motor vehicle; and on neighborhood walking excursions, under required supervision. (See back of form for special transportation arrangements)
- My child may be photographed for publicity or news purposes. \_\_\_\_\_ on site \_\_\_\_\_ off site
- My child may be photographed for classroom use.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

General Information

Has your child had previous experience in child care? \_\_\_yes \_\_\_no. Type of care \_\_\_\_\_ How long? \_\_\_\_\_

Reason for requesting care \_\_\_\_\_

Please give any information concerning your child which will assist us in providing the best care for your child:

Play \_\_\_\_\_

Eating habits and schedule \_\_\_\_\_

Sleeping habits and schedule \_\_\_\_\_

Fears \_\_\_\_\_

Likes and dislikes \_\_\_\_\_

Special words and their meanings \_\_\_\_\_

Other children in the household

Name/Nickname of child \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Name/Nickname of child \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Name/Nickname of child \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Does your child have allergies? \_\_\_yes \_\_\_no Has your child had chickenpox? \_\_\_yes \_\_\_no

What types of allergies or other health problems does your child have, and what do we need to know to provide the best possible care? Do these restrict your child's activities?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special Transportation Arrangements

CCD requires a written plan of the transportation arrangements between the child care facility and parents for children who come and go for school and other extracurricular activities. The following indicates our plan:

\_\_\_\_\_ (child) attends \_\_\_\_\_ (school). He/she will be transported/escorted between the child care facility and school by: \_\_\_school bus, \_\_\_Head Start bus, \_\_\_Child Care Facility, or \_\_\_arrive/depart unescorted with my permission. If my child is not at the designated pickup site or does not arrive as planned, please contact: \_\_\_parent or \_\_\_the school to confirm the child's whereabouts and/or devise a plan as needed to locate the child. My child also has permission to (please specify, i.e., work with teacher after school, attend extracurricular classes or meetings, depart for home at a specific time, etc.)

Parent/Guardian signature \_\_\_\_\_

Date \_\_\_\_\_

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