

Child Care Enrollment Infant and Toddler Information

Per rule 414-300-0040(5) the following information is required prior to admission of each infant and toddler.

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 of form)

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

Name _____ Relationship _____

Home Address _____ Home phone _____

Employer/worksites/hours _____ Work phone _____

Mobile and/or pager number _____

Name _____ Relationship _____

Home Address _____ Home phone _____

Employer/worksites/hours _____ Work phone _____

Mobile and/or pager number _____

We always try to contact parents first. However, we are required to have an emergency contact OTHER THAN parents/guardians. 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) _____

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 and seen by doctor on call. Parents are always notified as soon as possible.

Please list any restrictions to permission

My child may be given non-prescribed medication as indicated on the container, including sunscreen, children's pain reliever, antibacterial first aid cream, and diapering ointment. Syrup of ipecac may be administered if deemed necessary by the poison control operator. We will contact parents prior to administering non-prescription pain relievers. Prescription medications must be current and require permission slips for each medication.

Restrictions _____

My child may be taken on field trips or excursions by bus, private motor vehicle and on neighborhood walking excursions including the beach above the high tide line under required supervision.

Restrictions _____

My child may participate in age-appropriate water activities under required supervision. (CCD requires approved lifeguard.)

Restrictions _____

My child may be photographed for publicity or other news purposes.

Restrictions _____

Parent/Guardian signature _____ Date _____

HEALTH

Any allergies or sensitivities to substances?

Any special/medical needs?

Any previous medical history?

Any medications?

INDIVIDUAL NEEDS

Does your baby say any words? What do they mean?

What languages are spoken in the home?

What are his/her favorite games, toys, and things to do?

How do you comfort your baby when he/she is upset?

Any information that might be important or helpful to caregivers?

FAMILY

Members of Household

Relationship

Age if Sibling

Any Pets?

SLEEP

Any special sleeping routines?

Does your baby like to be rocked?

Is your baby always put to sleep on his/her back to sleep?

When does your baby usually sleep?

How long is a typical sleep period?

LIQUIDS

Cup ____ Bottle ____

Milk: Formula ___ Human breast milk ___ Whole cow's milk ___ 2% cow's milk ___ Skim cow's milk ___
Soy ___

Brand: _____

Type: Powder ____ Ready to feed ____ Heated ____ Room Temp ____ Cool ____

Amount/serving: _____

If powder, tap water or parent provided water? _____

Juice: Apple ___ Grape ___ Pineapple ___ Orange ___ Peach ___ Apricot ___ Other: _____

Any other liquids? _____

FOODS

What does your child eat?

Baby food _____ Table food _____

Types/Amount:

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Any other information that might be important or helpful to caregivers?
