

**Fairwinds Little Friends Daycare  
Enrollment Form**

Name of Child: \_\_\_\_\_ Nickname: \_\_\_\_\_  
Address: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Age at Entry: \_\_\_\_\_  
Proposed Start Date: \_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
\_\_\_\_\_ Work Phone: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
\_\_\_\_\_ Work Phone: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

With whom does the child reside? \_\_\_\_\_

**We always try to contact the parents or guardians first. However, we are required to have an emergency contact OTHER THAN the parents or guardians. These individuals are also authorized to pick up your child from the facility. Please list all possible phone numbers. These individuals will be required to show photo ID before they will be allowed to pick up your child.**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Phone: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Phone: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Phone: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Phone: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Is there anyone who has a legal restraining order prohibiting or limiting contact with your child? \_\_\_\_\_  
If yes, please list his/her name and attach the required documentation.

Name: \_\_\_\_\_  
Relationship to the child: \_\_\_\_\_

Are there any custody arrangements we need to be aware of? \_\_\_\_\_  
\_\_\_\_\_

**Fairwinds Little Friends Daycare will need to be given a copy of all custody paperwork**

**Medical Information**

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Primary Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Does your child have any diagnosed allergies? Yes      No  
If yes, please list all allergies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have a plan of treatment for allergies? Yes      No  
If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any other diagnosed medical conditions? Yes      No  
If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child take any prescription medications? Yes      No  
If yes, please list name of medication and dosage your child takes (including any medication taken only at home) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*Medications must be current and in their prescribed bottles. No medication will be administered by daycare staff without a state form filled out.**

**\*\*Please attach a copy of your child's immunization records and birth certificate**

**Permission to Photograph**

Child's Name: \_\_\_\_\_

It is our priority to protect your family's privacy. Fairwinds Little Friends Daycare asks that you give your consent and permission or decline permission on the following activities:

| Yes | No | For the following purposes:                                                                          |
|-----|----|------------------------------------------------------------------------------------------------------|
|     |    | Placing photos of you, your spouse or co-parent and your children around the daycare.                |
|     |    | Using photos of you, your spouse or co-parent and your children in any marketing flyers or brochure. |
|     |    | Using photos of you, your spouse or co-parent and your children on our Website                       |
|     |    | Using photos of you, your spouse or co-parent and your children on social media.                     |
|     |    | Posting artwork and other crafts that include your children's names around our daycare.              |

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Service Agreement**

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent's or Guardian's Names: \_\_\_\_\_

I hereby enroll my child in the Fairwinds Little Friends Daycare. I understand that I am reserving this space for my child, agree to pay the fees as listed in the Parent's Handbook and understand that I will not receive a refund when my child misses a day.

I understand that I must remain consistent with the times that I have listed below in order for Fairwinds Little Friends Daycare to be properly staffed and remain within a safe ratio. I understand that if the times that I have listed below ever need to be changed, I will give the Fairwinds Little Friends Daycare Director a one week notice and will be required to complete a new service agreement form.

| Schedule      | Monday | Tuesday | Wednesday | Thursday | Friday |
|---------------|--------|---------|-----------|----------|--------|
| Drop off time |        |         |           |          |        |
| Pick up time  |        |         |           |          |        |

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I acknowledge that I have received a copy of the Fairwinds Little Friends Daycare Parent Handbook. I understand that this handbook replaces any and all prior verbal and written communications regarding the operations of Fairwinds Little Friends Daycare and that I must abide by the guidelines listed in the handbook.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

