



ENROLLMENT FORM

Today's Date: _____ Child Care Starting Date: _____

CHILD'S INFORMATION

Child's Full Name: _____

Nickname: _____ Date of Birth: _____ Sex: M F

Race (used for statistical purposes): Caucasian African American Multicultural Hispanic
 Asian/Pacific Islander Indian/Alaskan Native Other: _____

FAMILY INFORMATION

Marital Status of Parents: Married Divorced Separated Widowed Single

Name of Others in the Home	Birthdate/Age	Relationship to Child
_____	_____	_____
_____	_____	_____
_____	_____	_____

GENERAL HEALTH INFORMATION

Is your child on any medication? _____ If yes, please list and state purpose: _____

**Note: A medication authorization must be completed if medication is to be given at the child care center.*

Has your child been hospitalized or had any surgeries? _____ If yes, please explain with dates: _____

Date of child's last doctor's visit? _____ Date of last dental exam (if applicable): _____

ILLNESS AND DISEASE RECORD Please check if your child has experienced any of the following:

- | | | | |
|---------------------------------------|---|---|---|
| <input type="checkbox"/> Allergies* | <input type="checkbox"/> Asthma | <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Convulsive Disorder |
| <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Repeat Ear Infections | <input type="checkbox"/> Ear Tubes | <input type="checkbox"/> Frequent Sore Throat |
| <input type="checkbox"/> Prematurity | <input type="checkbox"/> Pregnancy/Delivery Complications | <input type="checkbox"/> Developmental/Learning Delay | |
| <input type="checkbox"/> Other: _____ | | | |

If you checked any of the above illnesses or diseases, please provide details: _____

**For food allergies, please complete the Food Allergy Form.*

_____ **I have included a signed copy of my child's immunizations.**
Initial Here

PLAY AND SOCIALIZATION

Describe your child’s previous child care/play group setting/experience: _____

How does your child get along with other children and what are your child’s special interests?

PERSONALITY AND EMOTIONAL DEVELOPMENT

Please provide any information which will be helpful in understanding your child (fears, likes, dislikes, etc.):

PHYSICAL REGIME

Does your child have any unusual eating problems or food dislikes? _____ If yes, please explain: _____

What is your child’s usual bedtime? _____ Usual wake-up time? _____

Attitude toward naps? _____ Is your child potty trained? _____

How does your child state need? _____ (urination) _____ (bowel movement)

PARENT AUTHORIZATIONS

Photo / Media Authorization: **I consent** **I do not consent**

I give Waypoint consent that photos of my child may be used on behalf of Waypoint in promotional brochures, displays, newsletters, newspapers, television, web site, or other media while participating in child care activities.

Field Trip Authorization: **I consent** **I do not consent**

I give my consent for my child to participate in field trips offered by Waypoint. I believe that the necessary precautions will be taken for the care and supervision of my child during times that are away from the program site. Beyond this, I will not hold Waypoint, or those supervising the trips, responsible for lost items or injuries sustained by my child.

First Aid Authorization: **I consent to those checked below** **I do not consent**

I give Waypoint staff permission to provide simple first aid including (please check):

- tweezers for splinter removal
- finger and toe nail clipper

I agree that the information I have provided in the Uptown Kids Enrollment Form is complete and correct to the best of my knowledge.

Parent/Guardian Signature _____ **Date** _____