



# Enrollment Form

Enrollment Date: \_\_\_\_\_

 CYFD Private Pay PRE-K

Let us help your child discover their world

**\*\*If CYFD account contracts expire parents are responsible to pay the total amount \$ \_\_\_\_\_**

Name of Child: Date entered Care: \_\_\_\_\_  
(First, Middle, Last)

Birth date: \_\_\_\_\_ Nickname: \_\_\_\_\_ Age of Entry: \_\_\_\_\_

Does your child have allergies? (Yes) (No) if yes To What? \_\_\_\_\_

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

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

Home address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Home address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Other Children in the Household:**

Name of child: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Name of child: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Name of child: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Name of child: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

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: (These people will need to show photo ID before they will be allowed to pick up your child.)

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

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

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

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

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **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 custody arrangements we need to be aware of?**

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**Infants- (6 weeks- 1 year)**

Diapers- Wipes- Bottles- Weather appropriate change of clothes. Please bring enough to leave at center so we do not run out; no need to bring and leave a diaper bag.

**Toddlers- (1 year-3 years)**

Diapers/Pull-ups- Wipes- Kinder Mat\*- Body Pillow Case\*- (3) pair underpants (2 years and up)- Weather appropriate change of clothes

**3 Years & Up**

Kinder Mat\*- Body Pillow Case\*- Weather Appropriate change of clothes

# Pick-up Authorization Form

The following people are authorized to pick up your child from the center- anyone other than the listed people must be called in. Everyone will be asked to provide a photo ID. These people may also be asked to tell us the code word that you provide below:

1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

3) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

4) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

## Consent to Medical Care

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

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

My child may be given sunscreen, bug spray, anti-bacterial first aid cream, and diaper ointment, as needed.

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.)

In case of an emergency I give Kids Planet CDC permission to :

Transportation      YES       NO

Treat      YES       NO

## **Photograph Agreement**

My child may participate in water activities under required supervision. My child may be photographed for publicity, website, or news on site off site purposes. I hereby release and agree to indemnify, defend and hold harmless Kids Planet Child Development Center, and their officers, agents, employees and affiliated businesses from and against any and all claims, liabilities, actions, judgments, damages and injuries of any kind and nature whatsoever arising out of or in connection with the provision of child care and educational services for my child including all releases as named above.

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Parent/Guardian Signature

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Date

# GENERAL RECORD AND STATEMENT OF CHILD'S HEALTH FOR ADMISSION TO CHILD CARE FACILITY

This form is to be completed for each child at the time of enrollment in the child care facility, updated as needed when changes occur, and maintained on file at the facility.

## GENERAL INFORMATION: (to completed by Parent or Guardian)

Child's First Name: \_\_\_\_\_ Middle Initial \_\_\_\_ Last Name \_\_\_\_\_

Child's Current Home Address: \_\_\_\_\_

Street Address City, State, Zip \_\_\_\_\_

Parent/Guardian's Full Name:

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Parent/Guardian's Full Name: \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

You must have two individuals who have the authority to obtain emergency medical treatment for the child.

1. Person responsible if parent/guardian is unavailable for emergency medical services:

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_ Family Code Word(s): \_\_\_\_\_

2. Person responsible if parent/guardian is unavailable for emergency medical services:

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

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_ Family Code Word(s): \_\_\_\_\_

Is Child currently enrolled in school? (5K up to 6 years old)  Yes  No

My Child will regularly attend this facility FROM \_\_\_\_\_ am/pm TO \_\_\_\_\_ am/pm

If Child is a drop-in, indicate hours of care: FROM \_\_\_\_\_ am/pm TO \_\_\_\_\_ am/pm

Check all days Child will regularly attend this facility:  Mon  Tue  Wed  Thurs  Fri

Check all meals Child will receive daily:  Breakfast  Morning  Snack  Lunch

Afternoon Snack

HEALTH INFORMATION: (to be completed by Parent or Guardian)

Family Physician or Health Resource:

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Emergency Facility Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Dental Care Provider:

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Health Insurance Immunization:  Yes  No  N/A Please Explain:

My child has the following health conditions such as allergies, asthma, diabetes, epilepsy, etc., and/or takes the following medications on a regular basis:

Additional

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify to the best of my knowledge

Child's Name \_\_\_\_\_ is in good mental and physical health and able to participate in the child care program at Kids Planet Child Development Center.

Signature: \_\_\_\_\_  
Parent/Guardian Signature

Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
Director/Operator/Staff Designee

Date: \_\_\_\_\_

Dear Parent/Guardian:

This letter is intended for parents or guardians of children enrolled in a child care center.

Kids Planet CDC offers healthy meals to all enrolled children as part