



CHILD ENROLLMENT APPLICATION



Virtual Learning Site _____

Referred by: _____

PERSONAL INFORMATION

First Name:	Last Name:	Sex:
Address:	Home Phone:	Birth Date:
City:	Postal Code:	New York

FAMILY INFORMATION

Father's Name:	Employment:
Position:	Bus. Phone:
Mother's Name:	Employment:
Position:	Bus. Phone:
Marital Status: Married <input type="checkbox"/> Widow/er <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Other <input type="checkbox"/>	

GENERAL MEDICAL INFORMATION

Family Physician:	Phone No:
Physician's Address:	
Does student have any physical defects or allergies? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, explain:	
Health Insurance Card No:	Expiry Date:

EMERGENCY TELEPHONE NUMBERS

In case Parents/Guardians cannot be reached, the following people are authorized to pick up the students.

Name:		
Address:	Home Tel:	Bus. Tel:
City:	New York	Postal Code:

Name:		
Address:	Home Tel:	Bus. Tel:
City:	New York	Postal Code:

Name:		
Address:	Home Tel:	Bus. Tel:
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MEDICAL INFORMATION/AUTHORIZATION

Child's name:	
Insurance Card #:	Expiry Date:
Physician's Name:	
Physician's Address:	
Height of child:	Weight of child:
<p>In the event that I cannot be reached in a time of illness or accident concerning my child, you are authorized to contact the physician listed below. <i>If the named physician cannot be reached, permission is granted to authorize any doctor to give necessary medical emergency care.</i></p>	
Doctor:	
Address:	
Telephone:	

I further consent to my child being transport by a staff member in case of sudden illness or emergency to a private physician or hospital.

- a) I understand that if my child appears ill at the day care, my child will be isolated from the other children and given staff supervision until arrangements can be made to pick up my sick child.
- b) I further understand that after my child has been absent from CCP with a serious disease or illness, a signed paper, stating that my child is well enough to return to the day care, is required before my child will be readmitted to the day care.
- c) I understand that the CCP staff shall administer medication and special medical procedures only with a written, dated and signed request from my physician. Medication shall be in its original container.
- d) I understand that my child will not be admitted to CCP until a completed medical form is on file. If my child appears to be ill, he/she will not be admitted to the day care. I shall notify the Manager of the day care if the illness is contagious.

Record of past communicable diseases

Allergies or other important information:

Has your child had any of the following: whooping cough _____ chicken pox _____ measles _____ mumps _____

Permission to administer Tempera or Tylenol in the event of a temperature:

Above: _____ Dosage: _____

Please attach a copy Immunization Card to the registration package

I _____ hereby agree to the rate quoted at the time of the interview and to the preceding Medical Authorization. I have read, do understand and agree to the policies and procedures as outlined In the Community Cares Partnership Parent Handbook.

Signature of Parent/Guardian

Signature of Parent/Guardian

Relationship to child

Relationship to child

Date Signed

Date Signed



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CHILD PICK-UP

Please list the names of those individuals who you have given permission to pick up your child up from the center in the event that you are unable to pick up your child yourself. These people will need to show identification prior to your child leaving the premises.

Name/Phone #: _____

Relationship to child _____

Name/Phone #: _____

Relationship to child _____

Name/Phone #: _____

Relationship to child _____

PASSWORD:

Parent(s)/Guardian(s) Signature(s)

X _____

X _____

Application processed on ____/____/____ Date of Admission ____/____/____

Date of Withdrawal ____/____/____

PHOTOGRAPHS

I understand that my childcare provider may at times take photos of the children's activities as part of their program. I give my permission for my child's photo to be taken.

Parent(s)/Guardian(s) Signature(s)

X _____

X _____