

Tri-Center Before/During/After Care and Tiny Trojans Enrollment Packet

Basic Information:

Child's Name: _____ Birth Date: _____ M ___ F ___

Address: _____ City, State, Zip _____

Father's Name: _____ Phone: _____

Employer: _____ Work Phone: _____

Home Address: _____

Email: _____

Mother's Name: _____ Phone: _____

Employer: _____ Work Phone: _____

Home Address: _____

Email: _____

Person(s) Authorized to Pick Up Child:

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Signature: _____ Date: _____

RELEASE FORM

Program Directory Information Release

I DO / DO NOT (circle one) give permission to have the child care program director and staff print the full name of my enrolled child and the name(s) of the parent(s) with whom he/she lives, and distributed to other families enrolled in the program.

Signature: _____ Date: _____

Records Release Authorization

I hereby authorize and request Tri-Center School District to release to Tiny Trojans/Before/During/After Care Care a copy of the most recent immunizations and physical examination record of _____ present in their school file.

Signature: _____ Date: _____

Photo Release

I DO / DO NOT (circle one) give permission to have my child appear in any media coverage approved by the school district.

Signature: _____ Date: _____

Travel Authorization

I DO / DO NOT (circle one) give permission for my child to leave Tiny Trojans/Before/During/AFTER Child Care for trips in a van or bus to go on field trips. I understand that I will be notified before each such activity.

Restrictions: _____

Signature: _____ Date: _____

INFORMATION SHEET

Family and Social History

Child's Name: _____ Birth Date: _____

Mother (Guardian): _____

Father (Guardian): _____

Marital Status of Parents: Circle what applies

Married Divorced Separated Single Parent Other

Special Custody/ visiting arrangements: _____

Brothers and Sisters of Child:

Name: _____ Birth Date: _____

Name: _____ Birth Date: _____

Name: _____ Birth Date: _____

Others living in household:

Name: _____ Age: _____

Name: _____ Age: _____

Social Relationships

Do you feel your child will adjust easily to our program: _____

What makes your child feel upset/angry? _____

How does your child show his/her feelings? _____

What frightens your child? _____

Favorite toys/activities at home? _____

Napping

Does your child take naps? _____ If yes, from _____ to _____.

Does your child have a special toy or blanket to sleep with? _____

Eating

Is your child usually hungry at meal times? _____

Between meals? _____

Favorite Foods:

Least Favorite Foods:

Any dietary restrictions? _____

Toilet Habits

Does your child indicate when they need to use the restroom? _____

Does your child need help using the restroom? _____

Does your child still have accidents? _____

If yes, how does your child react to accidents? _____

Allergies & Treatment

Does your child have any food allergies? _____

If yes, to what? _____

Does your child have any non-food related allergies? (for example: latex, grass, pollen, bee stings, etc.) _____

Does your child carry or use an Epinephrine (Epi) Pen? _____

Does your child have asthma? _____

Does your child carry or use an inhaler? _____

Is there any other medical information that Tiny Trojans/Before/During/After Child Care should be aware of?

Signature: _____ Date: _____

MEDICAL/EMERGENCY INFORMATION

Basic Information

Child's Name: _____ Birth Date: _____
Mother's Name: _____ Best contact #: _____
Father's Name: _____ Best contact #: _____
Best Email address to contact: _____

EMERGENCY CONTACT (to be called when parents can't be reached)

Name: _____ relationship to child: _____
Phone: _____ Address: _____
Name: _____ relationship to child: _____
Phone: _____ Address: _____

Names of people who CANNOT pick up child for any reason:

1. _____
2. _____

Insurance Information

Medical insurance company: _____

Policy number: _____

Physician's Name _____ Phone: _____

Address: _____

Hospital Preference: _____

Date of last Tetanus Shot: _____

Dental insurance company: _____

Policy number: _____

Dentist's Name: _____ Phone _____

Address: _____

Emergency Medical Treatment

I hereby give Tri-Center Tiny Trojans/Before During/After Care permission to administer basic first aid and/or CPR to my child (child's name) _____ and or take my child (child's name) _____ to a hospital for medical treatment when I cannot be reached or when delay would be dangerous to my child's health.

Signature: _____ Date: _____