

**FAMILY DAY CARE HOME
CHILDREN'S ENROLLMENT RECORD**

CHILD'S INFORMATION			
Child's Full Name:		Child Resides with:	
Nickname:			
Date of Birth:		Child's Age:	
Child's Home Address: <small>(Include Number and Street Name)</small>			
City/State/Zip:			
OTHERS AUTHORIZED TO PICK UP CHILD FROM FAMILY DAY CARE HOME			
<small>For your child's safety, I only allow children to leave my home with you (the person enrolling the child) and the person(s) you have specified below (One person should be listed that is not a parent/guardian). Changes to this list must be made in writing.</small>			
Name:		Name:	
Address:		Address:	
City/State/Zip:		City/State/Zip:	
Telephone:		Telephone:	
PARENT(S)/GUARDIAN(S) INFORMATION			
	Mother	Father	
Name:			
Home Address:			
City/State/Zip:			
Home Telephone:			
Cell Telephone:			
Pager Number:			
PARENT(S)/GUARDIAN(S) WORK INFORMATION			
Mother's Employer:			
Work Telephone:			
Work Address:			
City/State/Zip:			
Father's Employer:			
Work Telephone:			
Work Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS TO CONTACT PARENTS:			

OTHER EMERGENCY CONTACT INFORMATION

In case of illness or other emergency, give the name, address and telephone number of nearest relative or friend who can be contacted if the parents cannot be reached.

Name:	
Relationship to Child:	<input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Sister/Brother <input type="checkbox"/> Friend
Address: <small>(Include Number and Street Name)</small>	
City/State/Zip:	
Telephone:	

CHILD'S PEDIATRICIAN OR SOURCE OF HEALTH CARE

Name of Physician:	
Telephone:	
Address: <small>(Include Number and Street Name)</small>	
City/State/Zip:	

MEDICAL EMERGENCY STATEMENT

I hereby give _____ **(Name of Family Day Care Provider)**
 permission to take my child, _____, to a hospital for medical treatment when I cannot be reached.

Parent Signature **Date Signed**

Note: Many emergency services personnel often require notarized authorization in order to proceed with care. Please request from your provider and complete a **MEDICAL CARE AND EMERGENCY CONTACT INFORMATION** form in order to provide this detailed information.

PERMISSION TO TAKE THE CHILD OFF THE PREMISES

I hereby give _____ **(Name of Family Child Care Provider)**
 permission to take my child, _____, on excursions from the family day care home that might include the following types of activities:

(The provider should fill in the above list with activities that she might provide away from home. Examples might include trips to the store, riding in the car, swimming, etc.)

Parent/Guardian **Date**

CHILD'S SCHEDULE AND INTERESTS

The following information will assist the provider to understand and care for your child.

Please describe your child's eating habits, i.e. food likes and dislikes, etc.

NOTE: Complete **INFANT FEEDING PLAN** (next page) for children who are under 1 year of age.

Describe the play activities that your child likes, both indoors and out-of-doors.

Describe your child's naptime habits.

Describe your child's toilet and hygiene habits.

Please add any other special information that is important to your child's care here:

Does your child have any known allergies? Yes No If yes, please explain:

Does your child have any known medical problems? Yes No If yes, please explain:

Please read the statement below and initial the box to the left if you have provided this information.

My child has known allergies and/or other medical problems. I have requested from my provider and completed a **MEDICAL CARE AND EMERGENCY CONTACT INFORMATION** form in order to provide this detailed information.

Parent/Guardian _____

Date _____

Infant Feeding Plan

Family Day Care Rule: 290-2-3.10(4)

The provider shall secure from the parents infant formula and feeding plan for children under 1 year of age.

Child's Name _____ Child's Birthday _____ Date Plan Completed _____

<p>Does your child take a bottle? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the bottle labeled? <input type="checkbox"/> Yes <input type="checkbox"/> No (with child's name) Is the bottle warmed? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the child hold own bottle? <input type="checkbox"/> Yes <input type="checkbox"/> No Can the child feed self? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Does your child eat: (check all that apply) <input type="checkbox"/> Strained foods <input type="checkbox"/> Formula <input type="checkbox"/> Baby foods <input type="checkbox"/> Whole Milk <input type="checkbox"/> Table foods <input type="checkbox"/> Other: _____</p>
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What type of formula is used? _____
Amount of formula to be given: _____
Updated amounts of formula: _____ Date: _____
_____ Date: _____
_____ Date: _____

Instructions for the introduction of solid foods: _____

Food likes: _____

Food dislikes: _____

Does child take a pacifier? Yes No If yes, when? _____

Does your child have Allergies/Known Medical Conditions (Include any premixed formula)? Yes No
If yes, please list: _____

Your child will be placed on back to sleep per SIDS rules unless written doctor's statement is provided.

CHILD'S SCHEDULE

Breakfast _____ (approximate time)	_____
Lunch _____ (approximate time)	_____
Dinner _____ (approximate time)	_____
Morning Nap _____ (approximate time)	Afternoon Nap _____ (approximate time)

Infant feeding plan needs to be updated every three months, or as needed, in regards to adding new foods or other dietary changes with a new parent/guardian signature and date:

Parent/Guardian Signature _____ Date _____