

Child Care Information Sheet:

Name of child: _____ Date of Birth: _____

Gender: _____ Date of Enrollment: _____

Address where child resides: _____

Phone Number at child's residence: _____

Parent(s) or Legal Guardian(s) (custodial): _____

Address: _____ Cell Phone: _____

Relationship to child: _____ Email: _____

Mother's Employer: _____ Work Phone: _____

Father's Employer: _____ Work Phone: _____

If Applicable - Parent or Legal Guardian (non-custodial) _____

Relationship to child: _____ Cell Phone: _____

Address: _____ Email: _____

Emergency Contact Information:

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Secondary Emergency Contact:

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Name of Child's Physician: _____

Preferred Hospital Provider: _____ Phone: _____

Known Allergies, Special needs or instructions: (Attach additional sheets if necessary): _____

Emergency Medical Permission:

I, _____, give Chassell Panther Cub Preschool and its employees permission to seek emergency medical care for my child if necessary until at what point they are able to reach me by phone.

Signed:_____ Dated:_____

Release of Child:

Please List all individuals that you wish to have permission to pick up your child from school:

- 1. _____ Phone:_____
- 2. _____ Phone:_____
- 3. _____ Phone:_____
- 4. _____ Phone:_____

This list can be updated at any time to reflect additions or deletions.

Is there any individual that is legally barred from picking up your child that we should know about? (documentation is necessary)_____

Does either parent or legal guardian have any restraining order against any individual that may pertain to your child’s safety that we should know about in advance?_____

I certify that this information is complete to the best of my knowledge and that I will notify the staff in a timely manner if any of this information should change.

Signed:_____ Dated:_____

Notice of Parent Provided Lunches and/or snacks:

Please sign and date below if it is your intention to provide your snacks for your student other than what we provide here.

Signed:_____ Dated:_____

Field Trip Permission:

I, _____ (parent/guardian), hereby give permission for my child to be taken in the Providers' vehicles in an approved and age/weight appropriate car seat provided by me, on school sanctioned field trip outings. I give permission for the teacher/teachers present to seek emergency medical care for my child if it becomes necessary until the time that I can be reached.

Signed:_____ Dated:_____

Non-Prescription Medication Release:

I, _____ (parent/guardian), hereby give permission for my child to be given non-prescription medication as indicated on the container. Please indicate which items you give permission for below:

Children's Tylenol:_____

Children's Ibuprofen:_____

Children's Benadryl:_____

Sunscreen:_____

Antibiotic ointment:_____

Lotion:_____

Signed:_____ Dated:_____

General Permission:

The provider has my permission to take photos of my child/children for preschool use only and will not be posted on social media. Any photos needed for advertisement use will require additional and separate photo release permission.

Signed:_____ Dated:_____

Additional Enrollment Year Update Form:

Has any of your child's information changed from the original enrollment form:
Yes____ No____

If yes, please add any additional information or corrections below:

If no, please sign and date that all child care information is accurate for the current school year.

Sign: _____ Date: _____