



# CHILD ENROLLMENT & AUTHORIZATION

Child's Name: \_\_\_\_\_ Date Entered Care: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Has child previously attended school or preschool? Yes No

**Allergy Alert:** Does child have allergies? Yes No  
If yes, please list: \_\_\_\_\_

### Parent or Guardian Contact Information

Name (first, last) \_\_\_\_\_ Relationship: \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Employer/Work Hours \_\_\_\_\_ Work Phone \_\_\_\_\_  
Email: \_\_\_\_\_

Name (first, last) \_\_\_\_\_ Relationship: \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Employer/Work Hours \_\_\_\_\_ Work Phone \_\_\_\_\_  
Email: \_\_\_\_\_

### Non-Emergency Contact Information - Person other than parent/guardian who is authorized to pick up child

Name (first, last) \_\_\_\_\_ Phone \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name (first, last) \_\_\_\_\_ Phone \_\_\_\_\_ Relationship: \_\_\_\_\_

### Child Information

Has your child previously been in child care? \_\_\_\_\_ If yes, what type & how long? \_\_\_\_\_  
How often do you plan to use WeVillage? \_\_\_\_\_

### Parent or Guardian Authorization

**By signing below, you give WeVillage permission for the following:**

**My child** may be taken on field trips or excursions by bus or streetcar, as well as on neighborhood walks under required supervision

**My child** may participate in water play at local parks

**My child** may be given non-prescribed medication as indicated on the container. This may include sunscreen, children's pain reliever, antibacterial first aid cream, and diapering ointment. Syrup of ipecac may be administered if deemed necessary by the poison control operator. The child's parent or guardian will be contacted prior to administering non-prescription pain relievers. Prescription medications must be current and a permission slip is required per each medication

**In an emergency**, the child care facility has my permission to call an ambulance, or take my child to any available physician or hospital at my expense to obtain medical treatment. In most emergencies, 911 is called and the child is transported to the nearest hospital and treated by the on-call physician. The parent or guardian of the child is notified as soon as possible.

**Parent/Guardian Signature** \_\_\_\_\_

## Children's Emergency Consent Information

If your child needs emergency medical care and you aren't available to give formal consent to medical authorities, care may be unnecessarily delayed. All children under the care of WeVillage must have a completed Emergency Consent Form on file; in the event of a medical emergency, this form will accompany your child to the hospital.

**I/we hereby authorize WeVillage to give consent for all medical and/or surgical treatment that may be required for our child/children during our absence.**

Child's Full Name	DOB	Chronic Illnesses	Allergies	Current Medications	Date of Last Tetanus Immunization

Physician: \_\_\_\_\_

Telephone: \_\_\_\_\_

Home address of parent/guardian: \_\_\_\_\_

Telephone number of parent/guardian: \_\_\_\_\_ Cell: \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Health Insurance Co.: \_\_\_\_\_ Member/Group No.: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_ Policy Holder DOB: \_\_\_\_\_

### Emergency Contact Information - Person other than parent/guardian who is authorized to make medical decisions on behalf of child

Name (first, last) \_\_\_\_\_ Phone \_\_\_\_\_ Relationship: \_\_\_\_\_

Name (first, last) \_\_\_\_\_ Phone \_\_\_\_\_ Relationship: \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_