



# child enrollment & authorization

Child's Name: (first, last) \_\_\_\_\_ Date Entered Care: \_\_\_\_\_

Birth date: \_\_\_\_\_ Is the child enrolled in childcare or school? Yes No If no, we require full immunization records

Allergy Alert: Does child have allergies? Yes No

If yes, please list:

### Parent or Guardian Contact Information

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

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

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: \_\_\_\_\_

### 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 childcare? Yes No

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, antibacterial first aid cream, and diapering ointment. Prescription medications must be current and a permission slip is required for each medication
- **In an emergency**, the childcare 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 \_\_\_\_\_



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### 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 Illness | Allergies | Current Medications | Date of last tetanus |
|-------------------|-----|-----------------|-----------|---------------------|----------------------|
|                   |     |                 |           |                     |                      |
|                   |     |                 |           |                     |                      |
|                   |     |                 |           |                     |                      |

### Doctor & Dental Information

Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Health Insurance Co.: \_\_\_\_\_ Member/Group No.: \_\_\_\_\_  
 Policy Holder Name: \_\_\_\_\_ Policy Holder DOB: \_\_\_\_\_

Dentist \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Health Insurance Co.: \_\_\_\_\_ Member/Group No.: \_\_\_\_\_  
 Policy Holder Name: \_\_\_\_\_ Policy Holder DOB: \_\_\_\_\_

### Parent Information for Medical reasons

Name (first, last) \_\_\_\_\_  
 Home address of parent/guardian: \_\_\_\_\_  
 Telephone number of parent/guardian: \_\_\_\_\_ Cell: \_\_\_\_\_

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