



Child Admission Agreement & Health Assessment

(Child Care Licensing Form)

Name of Child _____ Enrollment Date ____/____/____
 Nickname _____ Birthdate ____/____/____ Sex (circle one) F M
 Home Street Address _____ Phone # _____
 City _____ State _____ Zip _____
 Mother's/Guardian's Name _____ Phone # _____
 Employer _____ Work Phone # _____
 Father's/Guardian's Name _____ Phone # _____
 Employer _____ Work Phone # _____

Emergency Contacts (Other than Parents) and Persons Authorized to Pick -Up the Child

Name	Relationship to Child	Address	Phone
<input type="checkbox"/> Check if there are no emergency contacts available, other than parents. <input type="checkbox"/> Check if there are no persons authorized to pick up the child, other than parents			
Out of Area/State Contact (If available)			
Name	Relationship to Child	Address	Phone #
<input type="checkbox"/> Check if there are no out of area/state contacts available.			

In case of emergency or serious illness, when parents cannot be reached immediately, I hereby authorize the provider to obtain emergency medical care and / or provide emergency medical transportation for my child.

_____/_____/_____
 Signature of Parent or Guardian Date

I hereby give the provider permission to transport my child in the provider's vehicle for the following (optional):

- To and From School
- On Field Trips (with written permission in advance)
- Other: _____

_____/_____/_____
 Signature of Parent or Guardian Date

Child Health Assessment

Please Write Clearly

Name of Child _____ Birthdate ____/____/____

Check All That Apply:

Does your child have any known allergies or sensitivities to:

	No	Yes	If yes, explain
Medications			
Foods			
Other			

Illnesses or Medical Conditions:

Does your child have any of the following:

	No	Yes	If yes, explain
Asthma			
Visual Impairment			
Diabetes			
Developmental Delays			
Seizures			
Physical Impairment			
Heart Problems			
Behavioral or Emotional Problems			
Hearing Impairment			
Other:			

List any additional health information or special instructions you feel we need to be aware of:

List any regular medications your child takes: _____

Name of Child's Medical Provider: _____

_____ / _____ / _____
 Parent / Guardian Signature Date

This form must be completed for each individual child enrolled, and must be reviewed annually by the parent/guardian, and any changes noted.

Reviewed and/or update: ____/____/____ Parent/Guardian Signature: _____

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Reviewed and/or update: ____/____/____ Parent/Guardian Signature: _____