



Child Care Enrollment Form

Child Information

Name of Child (Last, First, Middle Initial): _____

Nickname: _____ Age: _____ Sex: _____

Date of Birth: _____

Child's Home Address: _____

Allergies/Health Issues: _____

Special Needs/Program Adaptations: _____

Tell us about your child! Likes, dislikes, hobbies, disposition, etc: _____

Enrolling Additional Children: Yes No *(If Yes, complete attached "Additional Child Information" on page 5)*

Parents/Guardians

Parent #1 Name: _____

Parent #1 Address: _____

Parent #1 Phone: _____ Parent #1 Email: _____

Employer: _____ Work Phone/Extension: _____

Employer Address: _____

Parent #2 Name: _____

Parent #2 Address: _____

Parent #2 Phone: _____ Parent #2 Email: _____

Employer: _____ Work Phone/Extension: _____

Employer's Address: _____

Parent/Guardian Marital Status: Single Married Divorced Widowed

Primary Residence: Mother Father Both Guardian

List the family members your child lives with—include names and ages of siblings:

Medical Information

Health Insurance Provider: _____

Name of Physician/Clinic: _____

Address: _____ Phone: _____

Name of Dentist: _____

Address: _____ Phone: _____

Child Attendance

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

Arrival Time: _____ Departure Time: _____

Meals While in Care: Breakfast A.M. Snack Lunch P.M. Snack

School-Age Information: Does your child attend school? Yes No

Elementary School Name: _____ Grade in School: _____

School Address: _____ School Phone: _____

Teacher's Name: _____ School Start Time: _____ School End Time: _____

School Transportation Provided By: Elementary School Parent/Guardian Est. Pick Up Time: _____

Emergency Contacts #1 and #2

Emergency Contact #1: _____

Relationship to Child: _____ Home Phone: _____ Cell Phone: _____

Home Address: _____ Email Address: _____

Emergency Contact #2: _____

Relationship to Child: _____ Home Phone: _____ Cell Phone: _____

Home Address: _____ Email Address: _____

Parent/Guardian #1 (Signature)

Date

Parent/Guardian #2 (Signature)

Date

GENERATIONS CHILD CARE ENROLLMENT

I grant my informed consent for my child: _____ (Child's Full Name) to participate in the child care program operated by Generations Child & Memory Care, LLC. By signing below, I acknowledge and accept the following program conditions:

Access: I have full access to the center without notification whenever my child is present. However, this access may not be used to supplement any visitation schedule or custody arrangement.

Child Release: For children's safety, Generations will release a child only to the parent(s)/legal guardian(s) who have signed this form and to those listed below by the parent/guardian. Generations will not release my child to any other person unless I notify the center, following the guidelines listed below:

- If the person (spouse, relative, friend) picking up my child is listed on this form but does not regularly pick up my child or has never before picked up my child, I will notify the center verbally, in advance.
- If the person picking up my child is NOT listed on this form, I must notify the center in writing, in advance.
- Photo identification will be required of any person picking up my child.

NAME _____

ADDRESS _____ CITY/TOWN ZIP _____

RELATIONSHIP TO CHILD _____

PHONE _____ E-MAIL _____

NAME _____

ADDRESS _____ CITY/TOWN ZIP _____

RELATIONSHIP TO CHILD _____

PHONE _____ E-MAIL _____

NAME _____

ADDRESS _____ CITY/TOWN ZIP _____

RELATIONSHIP TO CHILD _____

PHONE _____ E-MAIL _____

Walk/Local Parks Permission: As part of the program, children will go on walks in the surrounding area and outdoor playground supervised by the teachers, weather permitting. Infants and young toddlers will go in a buggy or stroller.

Photography & Video Permission: Generations Child & Memory Care takes photographs and videos of children enrolled at its centers on a regular basis for its business purposes. Generations Child & Memory Care retains all rights, title, and interest in these materials and may use and disseminate them in a variety of ways, in its sole judgment. Generations Child & Memory Care takes care that any use, display, or dissemination of photographs or videos of children is accomplished in a thoughtful, safe, and secure manner appropriate under the particular circumstances.

For example, at our center, these materials may be used to better communicate with families and to illustrate the daily curriculum, to chronicle a child's development, or to document center activities. These photos may be shared with you and other families posted in the center, or our Private Facebook group page. By signing below, I give permission to Generations to take photographs and videos of my child during his/her enrollment and to use these materials for its business or activity purposes.

Child Illness: In case of illness, I will be called and possibly required to pick up my child(ren) as soon as possible. We ask that for your child's comfort and to reduce the risk of contagion, children be picked up within 1 hour of notification. Until then, your child will be kept comfortable and will continue to be observed for symptoms. Children need to remain home for 24 hours without symptoms and without the use of fever reducing medications before returning to the program. This means that the child needs to remain out of the center for the remainder of the day he/she is sent home and the following day (if a child is sent home on Friday, he/she may return on Monday), unless the center receives a note from the child's medical provider stating that the child is not contagious and may return to the center. In the case of a (suspected) contagious disease, rash, or continuing symptoms, a note from the child's medical provider may be required before returning.

Children's Injuries: If my child sustains a minor injury (e.g., scraped knee) during care, I understand that I will receive an Incident Report outlining the incident and course of action taken by the staff member when I arrive to pick up. I will be contacted immediately if the injury produces any type of swelling, is on the face or head, or needs medical attention. Emergency Medical Care Every effort will be made to contact me in the event of an emergency requiring medical attention for my child, _____ (Child's full name). If I cannot be reached, the emergency contacts listed above will be called. I authorize Generations to call an ambulance to transport my child to a hospital or medical facility and to secure for my child the necessary medical treatment. Staff is trained in the basics of first aid and CPR and I authorize them to give my child first aid. In a center, any member of the staff responsible for the care and education of my child may view my child's health information, as well as state licensor and health care consultants for compliance purposes.

Sunscreen & Insect Repellent Permission: All sunscreen or sun block will have a UVB and UVA protection of at least 30 or higher. All sunscreen/sun block and insect repellent must be provided in the original container. All products require a valid expiration date, where applicable. Containers must be labeled clearly with the child's full name.

**Email completed registration from to morgan@caremankato.com or mail to 3631 Hoffman Rd. Mankato, MN 56001 - ATTENTION: Morgan Haman*

Date of Registration: _____

Date of Termination Status: _____

Additional Child Information

Name of Child (Last, First, Middle Initial): _____

Nickname: _____ Age: _____ Sex: _____

Date of Birth: _____

Child's Home Address: _____

Allergies and Health Issues: _____

Special Needs and Program Adaptations: _____

Likes, dislikes, hobbies, disposition, etc: _____

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