

# Child Admission Record

Date of Enrollment: \_\_\_\_\_

Name: \_\_\_\_\_

D.O.B. \_\_\_\_\_ Age: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

**Mother:** \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

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

Position/Title: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Father:** \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

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

Position/Title: \_\_\_\_\_

E-mail: \_\_\_\_\_

If neither parent/guardian can be reached, in case of an emergency please call:

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Play habits: \_\_\_\_\_

Eating behavior: \_\_\_\_\_

Sleeping pattern: \_\_\_\_\_

Likes and dislikes: \_\_\_\_\_

Previous day care experience: \_\_\_\_\_

Other behavior concerns: \_\_\_\_\_

\_\_\_\_\_

**Medical Information:**

List any chronic or handicapping problems your child has:

i.e. seizures, asthma, diabetes, heart disease, respiratory illness, drug reactions, etc.

\_\_\_\_\_

\_\_\_\_\_

**Allergies:**

Describe any allergies, including foods, which have caused adverse reactions, or any food which can not be given to the child for health or religious reasons:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Child's Doctor:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Child's Dentist:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Person(s) designated to pick up or drop off child:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Person(s) not permitted to pick up child:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Other children in family:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

## Authorization for Emergency Medical Care

I / We \_\_\_\_\_ hereby give my / our permission for one of the staff at Little Log Cabin to call a doctor or emergency squad for my / our child, \_\_\_\_\_, should an emergency arise. It is understood that a conscious effort will be made to locate me / us before medical action is taken, but if this is not possible, the expenses of emergency treatment will be accepted by me / us.

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Parent / Guardian

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Date

## Permission to Administer Over the Counter Medication

Permission is hereby granted to administer over-the-counter medication when needed or when verbal authorization is given to a staff member of Little Log Cabin Child Care Center, for my child, \_\_\_\_\_.

Medications that would be given out are Tylenol, Pepto Bismol, First Aide Cream and Aloe. Cough medicines and prescription medicines may be brought in by parents as long as they are accompanied by directions and signed by a parent.

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Parent / Guardian

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Date

## Permission to Photograph Children

Occasionally we would like to put some photos of the children on our web-site and in the local newspaper. On our web-site, only the child's picture would be used, we would not include any child's name with the photo on the web site. For the newspaper we do include the child's name with the photo.

\_\_\_\_\_ I do **NOT** wish to have my child's photo & name put in the newspaper.

\_\_\_\_\_ I do **NOT** wish to have my child's photo used for the web-site.

\_\_\_\_\_ I do **NOT** wish to have my child's photo used for the newspaper **or** website.

\_\_\_\_\_ I give permission to use my child's photo & name in the newspaper.

\_\_\_\_\_ I give permission to have my child's photo used for the web-site.

Child's Name: \_\_\_\_\_

\_\_\_\_\_  
Parent / Guardian

\_\_\_\_\_  
Date