



CHILD CARE ENROLLMENT FORM

FACILITY/PROVIDER NAME COUNTRYSIDE MONTESSORI SCHOOL		ADMISSION DATE	DISCHARGE DATE
CHILD'S NAME		GENDER	BIRTHDATE

ADDRESS (STREET, CITY, STATE, ZIP)

IDENTIFYING INFORMATION

MOTHER'S/GUARDIAN'S NAME	HOME PHONE
ADDRESS (STREET, CITY, STATE, ZIP) OR CHECK IF SAME AS ABOVE <input type="radio"/>	CELL PHONE
	E-MAIL
EMPLOYER OR SCHOOL ATTEND	WORK/SCHOOL SCHEDULE
EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP)	WORK PHONE

FATHER'S/GUARDIAN'S NAME	HOME PHONE
ADDRESS (STREET, CITY, STATE, ZIP) OR CHECK IF SAME AS ABOVE <input type="radio"/>	CELL PHONE
	E-MAIL
EMPLOYER OR SCHOOL ATTEND	WORK/SCHOOL SCHEDULE
EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP)	WORK PHONE

**EMERGENCY CONTACT AND PERSON(S) AUTHORIZED TO TAKE CHILD FROM FACILITY
(OTHER THAN PARENT) AT LEAST ONE EMERGENCY CONTACT IS REQUIRED.**

NAME	RELATIONSHIP TO CHILD	PHONE NUMBERS (CELL, WORK, HOME)
ADDRESS (STREET, CITY, STATE, ZIP)		
NAME	RELATIONSHIP TO CHILD	PHONE NUMBERS (CELL, WORK, HOME)
ADDRESS (STREET, CITY, STATE, ZIP)		

COMMENTS ON CHILD'S DEVELOPMENT

(NOTE CHILD'S PERSONAL DEVELOPMENT, BEHAVIOR, PATTERNS, HABITS, AND INDIVIDUAL NEEDS)

RELATED CHILD

<input type="radio"/> YES <input type="radio"/> NO	HOW IS CHILD RELATED TO CHILD CARE PROVIDER?
--	--

CHILD'S PROJECTED ATTENDANCE SCHEDULE AND ANY VARIATIONS EXPECTED

CACFP REQUIREMENT	CHECK HERE WHAT DAYS THE CHILD WILL ATTEND. WILL CHILD ATTEND: <input type="radio"/> Full Time or <input type="radio"/> Part Time	WHAT TIME DOES YOUR CHILD USUALLY ARRIVE EACH DAY? CIRCLE AM OR PM.	WHAT TIME DOES YOUR CHILD USUALLY LEAVE EACH DAY? CIRCLE AM OR PM.	WRITE ANY COMMENTS, CHANGES OR VARIATIONS IN USUAL ATTENDANCE IN THIS SECTION INCLUDING SHIFT CHANGES.
	MON	AM PM	AM PM	
	TUES	AM PM	AM PM	
	WED	AM PM	AM PM	
	THURS	AM PM	AM PM	
	FRI	AM PM	AM PM	

PLEASE COMPLETE OTHER SIDE

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I UNDERSTAND THAT I WILL BE NOTIFIED AT ONCE IN CASE OF AN EMERGENCY WITH MY CHILD, AND I WILL MAKE ARRANGEMENTS FOR MEDICAL CARE OF MY CHILD WITH THE PHYSICIAN OR HOSPITAL OF MY CHOICE. IF I CANNOT BE REACHED TO MAKE NECESSARY ARRANGEMENTS, OR IN A CRITICAL EMERGENCY REQUIRING MEDICAL CARE, I AUTHORIZE COUNTRYSIDE MONTESSORI SCHOOL TO CONTACT THE FOLLOWING:

PHYSICIAN OR CLINIC

NAME	PHONE
------	-------

PREFERRED HOSPITAL

NAME	PHONE
------	-------

IN THE EVENT OF A MEDICAL EMERGENCY, I <input type="checkbox"/> DO <input type="checkbox"/> DO NOT GIVE PERMISSION FOR COUNTRYSIDE MONTESSORI SCHOOL TO TRANSPORT MY CHILD TO THE PREFERRED HOSPITAL LISTED ABOVE (OR CLOSEST HOSPITAL IF A LIFE THREATENING EMERGENCY OCCURS).	PARENT/GUARDIAN INITIALS
---	--------------------------

MEDICAL INSURANCE

INSURANCE PROVIDER _____
 POLICY NUMBER _____
 GROUP CODE _____

ACKNOWLEDGEMENTS

A	I HAVE RECEIVED A COPY OF THIS FACILITY'S POLICIES PERTAINING TO THE ADMISSION, CARE AND DISCHARGE OF CHILDREN. (INCLUDED IN PARENT HANDBOOK/BROCHURE)	PARENT/GUARDIAN INITIALS
B	I AM AWARE THAT A COPY OF THE LICENSING RULES FOR CHILD CARE HOMES OR THE LICENSING RULES FOR GROUP CHILD CARE HOMES AND CENTERS IS AVAILABLE AT THIS FACILITY FOR REVIEW. (THIS IS LOCATED IN THE OFFICE)	PARENT/GUARDIAN INITIALS
C	THE PROVIDER AND I HAVE AGREED ON A PLAN FOR CONTINUING COMMUNICATION REGARDING MY CHILD'S DEVELOPMENT, BEHAVIOR AND INDIVIDUAL NEEDS.	PARENT/GUARDIAN INITIALS
D	WHEN MY CHILD IS ILL, I UNDERSTAND AND AGREE THAT S/HE MAY NOT BE ACCEPTED FOR CARE OR REMAIN IN CARE.	PARENT/GUARDIAN INITIALS
E	I UNDERSTAND THAT, BEFORE THE FIRST DAY OF ATTENDANCE BY MY CHILD, I WILL PROVIDE PROOF OF COMPLETED AGE-APPROPRIATE IMMUNIZATIONS.	PARENT/GUARDIAN INITIALS
F	I AM AWARE THAT THIS FACILITY DOES NOT TRANSPORT CHILDREN FOR FIELD TRIPS AND I AM RESPONSIBLE FOR TAKING MY CHILD TO THE FIELD TRIP AND SUPERVISING MY CHILD DURING THE FIELD TRIP.	PARENT/GUARDIAN INITIALS
G	I HAVE BEEN INFORMED AND HAVE RECEIVED A COPY OF THE FACILITY'S SAFE SLEEP POLICY WHEN ENROLLING A CHILD LESS THAN ONE (1) YEAR OF AGE (INCLUDED IN THE PARENT HANDBOOK/BROCHURE).	PARENT/GUARDIAN INITIALS
H	EVEN THOUGH COUNTRYSIDE REQUIRES EVERY CHILD TO BE IMMUNIZED, THE STATE REQUIRES EVERY PARENT TO SIGN THE FOLLOWING STATEMENT: I HAVE BEEN NOTIFIED THAT I MAY REQUEST NOTICE AT INITIAL ENROLLMENT OR ANY TIME THERE AFTER WHETHER THERE ARE CHILDREN CURRENTLY ENROLLED IN OR ATTENDING THE FACILITY FOR WHOM AN IMMUNIZATION EXEMPTION HAS BEEN FILED.	PARENT/GUARDIAN INITIALS

PARENT'S/GUARDIAN'S SIGNATURE	DATE
-------------------------------	------

FIRST ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE	DATE
---------------------	---------------------------	------

SECOND ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE	DATE
----------------------	---------------------------	------

THIRD ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE	DATE
---------------------	---------------------------	------

