

# CHILD ENROLLMENT FORM

Safia's Day Care Academy, LLC | 38 Butternut Drive | East Hartford, CT 06118 | www.sdccademy.com | 860-656-6728 | Fax 860-269-8226

**Date of Application:** \_\_\_\_\_ **Date of Enrollment:** \_\_\_\_\_ **Last Day of Enrollment:** \_\_\_\_\_

**Attention Provider:** This information must be kept current at all times and shall be kept file for one year after the child ceases to be enrolled in the family child care home.

Child's Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_  
Child's Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent/Gaurdian Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Telephone #: (\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_  
Emergency Contact # (\_\_\_\_) \_\_\_\_\_ e-mail Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Work #: (\_\_\_\_) \_\_\_\_\_  
Employer's Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent/Gaurdian Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Telephone #: (\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_  
Emergency Contact # (\_\_\_\_) \_\_\_\_\_ e-mail Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Work #: (\_\_\_\_) \_\_\_\_\_  
Employer's Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code \_\_\_\_\_

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**My Child's Weekly Child Care Schedule:**

<u>Day(s)</u>	<u>Hours</u>
Monday _____	_____
Tuesday _____	_____
Wednesday _____	_____
Thursday _____	_____
Friday _____	_____
Saturday _____	_____
Sunday _____	_____

**Signature of Parent or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# WRITTEN PERMISSION FORM

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Child's Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

Child's Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code \_\_\_\_\_

## Persons permitted to remove the child from the child care home on behalf of parent.

Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_

## In an emergency, adults to be contacted if parent cannot be reached and to whom the child can be released.

Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_

## Child's Emergency Medical Care Provider:

Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Child's Physician:** Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Child's Dentist:** Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## My family child care provider and or approved substitute, have my permission to:

- Transport my child for any activity away from the family child care home. The provider is responsible for notifying me of days and times that these activities will occur \_\_\_ Yes \_\_\_ No
- Allow my child to participate in any activity away from the child care home \_\_\_ Yes \_\_\_ No
- Transport my child in case of an emergency to the Emergency Medical Care Provider, Physician or Dentist listed above and or to seek medical attention in an emergency at: \_\_\_\_\_ \_\_\_ Yes \_\_\_ No  
*(name of hospital or walk-in clinic)*
- Include my child in swimming when recreational swimming is part of the family child care program \_\_\_ Yes \_\_\_ NO I understand it is my responsibility to outline these provisions to the provider
- Arrange for transitioning of my child to and from school including, but not limited to, transportation, exact bus pick up and drop off locations, and supervision to be provided during transitioning \_\_\_ Yes \_\_\_ No I understand that I must provide written permission and instructions specifying these arrangements.

The provisions outlined on this form have been worked out in consultation with me and my family child care provider. \_\_\_ Yes \_\_\_ No

**Signature of Parent or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Attention Provider:** This information must be kept current at all times. Carry a copy of this form, the Enrollment form and the Child Health Assessment Record during any off-premises activity.