



Dear Family,

We are excited to welcome you and your family to Early Years! Below are the necessary forms to fill out.

- **Registration Form** – This form includes information about your child and parent information. Also on that form is a section “Authorized to Release Child” this is where you list anyone who is allowed to pick up your child (ex. Grandparents, Aunts and Uncles, etc.). The people listed in this section will have unlimited access to your child during the center hours.
- **Medical & Emergency Information** – This form is what we will use in the case of illness or emergency. If your child develops a fever of 100 degrees or higher, we would need to contact you. Please list the phone numbers, in the order you would like us to call them.
- **Immunization Form** – please have the clinic that your child regularly attends print a copy of your child’s latest immunization records. These immunizations must all be appropriate for the child’s age, as prescribed by the ND state department of health.
- **Parent Statement on Health of Child**– This sheet needs to be filled out prior to your start date to ensure the health of all our children!
- **Child Information Card** – This form is put in our emergency binder and given to your child’s classroom to contact you in case of an emergency. This form should repeat a lot of the same information as the medical and emergency form.

**These forms along with a \$50 enrollment fee are due at the time of enrollment per child.**

Thank you for your interest in Early Years!  
We look forward to getting to know you and your child!



# Registration Form

Please fill out completely and legibly.

*For Office Use Only:*  
 Date of Enrollment: \_\_\_\_\_  
 Start Date: \_\_\_\_\_  
 Date of Termination: \_\_\_\_\_

## CHILD'S INFORMATION

Child's Name \_\_\_\_\_  
(First Name) (Middle Name) (Last Name)  
 Date of Birth \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Age \_\_\_\_\_ Sex  M  F  
 Typical Weekly Schedule: Arrival Time \_\_\_\_\_ Departure Time \_\_\_\_\_ Will vary \_\_\_\_\_  
 Meals to attend (circle all that apply) Breakfast (7:45-8:15) Lunch (11:00-11:30) Snack (2:00-2:30)

## PARENT/GUARDIAN INFORMATION

Parent/Guardian Name \_\_\_\_\_  
(First Name) (M.I.) (Last Name)  
 Relationship to Child \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Home Phone #( ) - Cell Phone #( ) -  
 Employer \_\_\_\_\_ Work Phone #( ) - Ext. \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Work Hours \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_  
(First Name) (M.I.) (Last Name)  
 Relationship to Child \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Home Phone #( ) - Cell Phone #( ) -  
 Employer \_\_\_\_\_ Work Phone # \_\_\_\_\_ Ext. \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Work Hours \_\_\_\_\_

Parents Marital Status (circle one) Married Divorced Single  
 Child's Primary Residence (circle all that apply) Both Mother Father  
 If divorced, who has legal custody? (circle all that apply) Joint Mother Father

**AUTHORIZED TO RELEASE CHILD**

Unless otherwise authorized by you in writing, no one but you or your spouse, may pick up your child from Early Years. Please list any others you would like to authorize for this purpose.

Name \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to the child: \_\_\_\_\_

Name \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to the child: \_\_\_\_\_

Name \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to the child: \_\_\_\_\_

Name \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to the child: \_\_\_\_\_

Name \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to the child: \_\_\_\_\_

Name \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to the child: \_\_\_\_\_

**REFERRAL INFORMATION**

Were you referred to Early Years? Yes No If Yes, by whom? \_\_\_\_\_

**BILLING INFORMATION**

Parent/Guardian Name(s): \_\_\_\_\_

Social Security Number of Parent(s): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Are you on Childcare Assistance? Yes No If yes, fill out below.

Case Manager's Name \_\_\_\_\_ Phone \_\_\_\_\_

**PARENT SIGNATURES**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# Medical & Emergency Information

Please fill out completely and legibly.

## CHILD'S INFORMATION

Child's Name _____ <small>(First Name) (Middle Name) (Last Name)</small>
Date of Birth _____ - _____ - _____ Age _____ Sex <input type="checkbox"/> M <input type="checkbox"/> F
Address _____
City _____ State _____ Zip Code _____

## PARENT/GUARDIAN EMERGENCY INFORMATION

*In the case of illness or an emergency, what is our best means of contacting you?*

Parent/Guardian _____	Employer _____
1 <sup>st</sup> Call: (circle one) Work Cell Other _____	Phone #( ) - _____
2 <sup>nd</sup> Call: (circle one) Work Cell Other _____	Phone #( ) - _____
Parent/Guardian _____	Employer _____
1 <sup>st</sup> Call: (circle one) Work Cell Other _____	Phone #( ) - _____
2 <sup>nd</sup> Call: (circle one) Work Cell Other _____	Phone #( ) - _____

## EMERGENCY CONTACT INFORMATION

*Please list at least two people other than Parent/Guardian(s) that we would be able to contact if we are unable to get a hold of the Parent/Guardian(s) in case of illness or an emergency.*

Name _____ <small>(First Name) (M.I.) (Last Name)</small>		
Relationship to Child _____	City _____	State _____
Home Phone #( ) - _____	Cell Phone #( ) - _____	
Name _____ <small>(First Name) (M.I.) (Last Name)</small>		
Relationship to Child _____	City _____	State _____
Home Phone #( ) - _____	Cell Phone #( ) - _____	
Name _____ <small>(First Name) (M.I.) (Last Name)</small>		
Relationship to Child _____	City _____	State _____
Home Phone #( ) - _____	Cell Phone #( ) - _____	

## MEDICAL INFORMATION

Child's Doctor \_\_\_\_\_

Clinic/Hospital \_\_\_\_\_

Clinic Phone # ( ) - \_\_\_\_\_ OR Direct Phone # ( ) - \_\_\_\_\_

If your child has allergies to anything please list them here.

Allergies \_\_\_\_\_

If your child has a Medical Condition, we need to be aware of that. Please list here.

Medical Conditions \_\_\_\_\_

If your child takes any medications daily, please list them here.

Medications \_\_\_\_\_

## DENTAL INFORMATION

Child's/Family's Dentist \_\_\_\_\_

Office Location \_\_\_\_\_ Office Phone # ( ) - \_\_\_\_\_

## EMERGENCY CONSENT

It is the policy of *Early Years Enrichment Center* to notify a parent when a child is ill or needs medical attention. Occasionally, we cannot contact a parent and we need to get immediate help for the child. Our procedure is to take the child to the nearest emergency service.

Please sign below so that we can take appropriate action on behalf of your child.

I HEREBY GIVE MY/OUR CONSENT FOR MY/OUR CHILD \_\_\_\_\_  
WHEN ILL/ INJURED, TO BE TAKEN TO THE NEAREST EMERGENCY CENTER BY THE STAFF OF EARLY  
YEARS ENRICHMENT CENTER WHEN I/WE CANNOT BE CONTACTED. I CONSENT TO AN  
AMBULANCE BEING CALLED TO TRANSPORT THE CHILD, IF NECESSARY. I FURTHER AGREE TO  
PAY ALL COSTS INCURRED FOR TRANSPORT.

## PARENT SIGNATURES

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



## ***PERMISSION AGREEMENT***

I hereby grant permission for my child to use all of the play equipment and participate in all of the activities at Early Years.

I hereby grant permission for my child to leave the center premises under supervision of a staff member for neighborhood walks or for field trips in an authorized vehicle.

I hereby grant permission for the Director or acting Director to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are limited to:

- 1) Administer the necessary first aid and or CPR
- 2) Call 911 and following their recommendations, which may include having a child transported to an emergency hospital.
- 3) Attempt to contact the parent or guardian
- 4) Attempt to contact the child's physician or another physician if the child's doctor is not available.
- 5) Attempt to contact the parent through any of the persons listed on the "Child Information Card" completed for the center.

I understand that any expenses incurred will be the responsibility of the child's family.

I understand that Early Years will not be responsible for anything that may happen as a result of false information given at the time of enrollment.

I have been informed that Early Years will not assume responsibility for a child who has not been signed in, nor is Early Years responsible for the supervision of children after they are signed out. For kindergarten and school age children, Early Years will assume the responsibility of your child without being signed in once Early Years has picked up your child from school.

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

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Father or legal guardian)

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Mother or legal guardian)

## Consent to Review Records

I, \_\_\_\_\_, give permission for my child's records to be reviewed by the center's administrators, authorized Department of Human Services representatives, and the required health consultant.

Signature of Parent \_\_\_\_\_

Date \_\_\_\_\_

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## Typical Weekly Schedule

Please let us know if your child's schedule will change at all throughout the week. We use this form to ensure we are properly staffed at all times. If your arrival times differ from those listed, please speak with the Director! Thanks!

MONDAY: \_\_\_\_\_

TUESDAY: \_\_\_\_\_

WEDNESDAY: \_\_\_\_\_

THURSDAY: \_\_\_\_\_

FRIDAY: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_

PARENT'S SIGNATURE: \_\_\_\_\_

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## Sunscreen and Photography Permission Slip

I give Early Years permission to apply sunscreen to my child \_\_\_\_\_

I give Early Years permission to photograph my child for center purposes only!

Child's name \_\_\_\_\_

Age \_\_\_\_\_

Signature of Parent \_\_\_\_\_

Date \_\_\_\_\_



**PARENT'S STATEMENT ON HEALTH OF CHILD**  
 ND DEPARTMENT OF HUMAN SERVICES/CFS  
 SFN 847 (6-2006)

Clear Fields

INSTRUCTIONS: This form must be completed annually for any child enrolled in a licensed early childhood facility.  
 This form is completed by a parent or guardian of the child.

Name of Child:	Birth date:	Enrollment date:	Please check one: <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Dropin <input type="checkbox"/> B/A School
Parents or Guardians:		Relationship:	
Address:	Home Telephone Number:	Work Telephone Number:	
Family Physician:	Clinic:	Telephone Number:	
Hospital:		Telephone Number:	
Last Visit To Doctor:	Child's Height:	Child's Weight:	
Does The Child Have Any food, medication or environmental allergies: <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, List Allergies:	Describe Allergy Reaction:	Usual Treatment:	
Please Check If Any Of The Following Conditions Exist:			
<input type="checkbox"/> Asthma	<input type="checkbox"/> Vision Impairment	<input type="checkbox"/> Medication Allergy	<input type="checkbox"/> Cancer
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Heart Condition	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Other _____
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Seizures Disorder	<input type="checkbox"/> Frequent Earaches	
Please Explain All Checked Items:			
Is The Child Under Current Medical Treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list:			
Are There Any Medications That The Child Takes Daily? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list:			
Describe Any Limitation Your Child May Have For Participation In An Early Childhood Program:			
Has Your Child Received Any Immunizations Within the Past Year? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide proper documentation.			

**INSURANCE:**  
 Liability insurance is not a requirement for a license to provide family or group child care. Please review with your child care provider the liability coverage that is presently in place.

**CERTIFICATION:**  
 I certify that the above information is true to the best of my knowledge.

Parent or Guardian's Signature:	Date:
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# Child Information Card

Child's Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
Street City State Zip

## Mother's Information

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

Address \_\_\_\_\_

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

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

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

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

## Father's Information

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

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

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

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

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

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

## Emergency Contacts (Other than parents):

\_\_\_\_\_ Phone \_\_\_\_\_  
First and Last Name

\_\_\_\_\_ Phone \_\_\_\_\_  
First and Last Name

## I give the following people authorization to pick up my child:

\_\_\_\_\_ Phone \_\_\_\_\_  
First and Last Name

\_\_\_\_\_ Phone \_\_\_\_\_  
First and Last Name

People that are NOT authorized to pick up my child are: \_\_\_\_\_

**Allergies or other important medical information** (please include any limitations, medications, or special instructions)