

ADMISION INFORMATION

Operation Name: BEARY GOOD CHILDCARE CENTER		Director's name: San Juana R. Ponce	
Child's name		Date of birth	Child's telephone No.
Child's home address			
Date of admission	Date of withdrawal	Hours and days child will be in care	
Parent's or guardian's name		Address (if different from child's address)	
List telephone numbers where parent/s guardian may be reached while child will be in care: Mother's phone No. _____ Father's phone No. _____ Guardian's phone No. _____			
Give the name address and phone number of person to call in case of an emergency if parents/guardian cannot be reached		Telephone No.	Relationship
I hereby authorize the childcare operation to allow my child to leave the childcare operation ONLY with the following persons. Please list name & telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID. -----			

CHECK ALL THAT APPLY:	
1. <input type="checkbox"/> TRANSPORTATION: I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give my consent for my child to be transported and supervised by facility's employees: <input type="checkbox"/> Check box for emergency care <input type="checkbox"/> on field trips <input type="checkbox"/> to and from home <input type="checkbox"/> to and from school	
2. <input type="checkbox"/> FIELD TRIPS: I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give - my consent for my child to participate in Field Trips. Parent's comments:	
3. <input type="checkbox"/> WATER ACTIVITES: I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give my consent for my child to participate in water activities: <input type="checkbox"/> sprinkler play <input type="checkbox"/> splashing/wading pools <input type="checkbox"/> swimming pools <input type="checkbox"/> water table play	
4. <input type="checkbox"/> RECEIPT OF WRITTEN OPERATIONAL POLICIES. I acknowledge receipt of the operational policies including those for discipline and guidance.	

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION		
In the event that I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:		
Name of Physician:	Address:	phone #.
Name of Emergency Medical Care Facility:	Address:	phone #.
I give consent for this facility to secure any and all necessary emergency medical care for my child. Signature – Parent or Legal Guardian _____		

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries during the past 12 months, any medication prescribed for long-term continuous use, and any other information which staff school be aware of:

SCHOOL AGE CHILDREN:	
<input type="checkbox"/> My child attends the following school: Name of School and Address _____ School Phone # _____	
CHECK ALL THAT APPLY:	
<input type="checkbox"/> His / her immunization record is on file at the school and all required immunizations and/or tuberculosis test are current. Vision and Hearing screening records are also on file.	
<input type="checkbox"/> My child has permission to <input type="checkbox"/> ride a bus, <input type="checkbox"/> walk to and from school, and/or <input type="checkbox"/> be released to the care of his/her sibling(s) under 18 years old.	
Name of sibling(s): _____	

Signature Parent or Legal Guardian _____ Date _____