



Child Enrollment Authorization



98 SW 9th St Ontario, OR 97914
Phone: 541-889-7363 Fax: 541-889-2852

Child's Name (Last, First)		Child Nickname	
Date of Birth	Date Entered Care	Age at Entry	
ALLERGY ALERT Does your child have allergies? YES NO If yes, list all allergies on back side of form.			
Parent or Guardian Contact Information			
Name (First, Last)		Relationship	
Home Address (Street, City, Zip)			
Home Phone	Cell Phone	Email Address	
Employer and Work Hours	Address (Street, City, Zip)		Work Phone
Name (First, Last)		Relationship	
Home Address (Street, City, Zip)			
Home Phone	Cell Phone	Email Address	
Employer and Work Hours	Address (Street, City, Zip)		Work Phone
Required Emergency Contact Information – person other than parent or guardian that is authorized to pick up child			
Name (First, Last)		Phone	Relationship
Name (First, Last)		Phone	Relationship
Non-Emergency Contact Information – person other than parent or guardian that is authorized to pick up child			
Name (First, Last)		Phone	Relationship
Name (First, Last)		Phone	Relationship
Medical/Dental Contact Information			
Insurance Provider and Policy Information (if applicable)			
Primary Physician Name		Phone	
Dental Provider		Phone	
Parent or Guardian Authorization			
Please list any restrictions to permission of the following: My child may be photographed for publicity or news purposes; This applies to On-site and off-site photography. Yes No In an emergency , the child care facility has my permission to call an ambulance, or take my child to any available physician or hospital at my expense to obtain medical treatment. In most emergencies, 911 is called and the child is transported to the nearest hospital and treated by the on-call physician. The parent or guardian of the child is notified as soon as possible.			
Parent/Guardian Signature		Date	

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Child Information

Has your child previously been in child care? No Yes If yes, what type of care and for how long?		
Reason for requesting care		
Child General Information – please include all information that will assist us in providing quality care for your child		
Likes and dislikes		
Eating habits and schedule		
Toileting habits and schedules		
Sleeping habits and Schedule		
Play		
Fears		
How does your child like to be comforted when upset?		
Child’s home language		
Special word and their meanings		
Are there family cultural backgrounds, traditions, beliefs, or interests that you would like to share with us?		
Does your child have any educational special needs (IFSP, etc.) No Yes If yes, List any health partners or providers you would like us to know about.		
Child Medical Information		
Does your child have special medical needs? No Yes If yes, List any health partners or providers you would like us to know about.		
Does your child have allergies? No Yes If, yes list below		
Has your child had chickenpox? No Yes		
Other Children in the Home		
Name (first, Last)	Age	Gender
Name (first, Last)	Age	Gender
Name (first, Last)	Age	Gender
Name (first, Last)	Age	Gender

