

Admission Date ___/___/___



Enrollment & Emergency Care Information

Child's Name: _____ Birth Date: _____

Nickname: _____ Age: _____ Sex: M F

Parent/Guardian #1:

Name: _____ Email: _____

Home Address: _____ Zip _____

Phone Numbers: Home: _____ Work: _____ Cell: _____

Employer: _____ Work Hours: _____

Employer Address _____

Parent/Guardian #2:

Name: _____ Email: _____

Home Address: _____ Zip _____

Phone Numbers: Home: _____ Work: _____ Cell: _____

Employer: _____ Work Hours: _____

Employer Address _____

*Who is **NOT** authorized to pick up child: _____

Emergency Contacts (if neither parent can be contacted, who is able to come for the child):

Name(s) #1: _____

Phone Numbers: Home: _____ Work: _____ Cell: _____

Home Address: _____

Name(s) #2: _____

Phone Numbers: Home: _____ Work: _____ Cell: _____

Home Address: _____

Child's Pediatrician _____ Phone: _____

Address: _____

Child's Emergency Dental Care: _____ Phone: _____

Address: _____

Admission Date ___/___/___

**Child's Health Insurance
Insurance Plan** _____

Phone: _____

Subscriber's Name (on insurance card): _____ ID# _____

Special Services, Conditions, Disabilities, Allergies, or Medical Information for Emergency Situations:

(attach: Special Care Plan and/or Emergency procedure for children with special needs form)

Transport Arrangement for Emergency Situations

Ambulance service preference (circle one): Bloomington Hospital or Monroe Hospital

Child will be taken to (circle one): Bloomington Hospital or Monroe Hospital

(Parents / guardians are responsible for all emergency transportation charges)

Parent/Legal Guardian Consent and Agreement for Emergencies

As parent / legal guardian, I give consent to have my child receive first aid by the child care staff and receive first aid and emergency medical treatment by emergency personnel, and to be transported to receive emergency care, if necessary. I understand that I will be responsible for all charges not covered by insurance. I give consent for the emergency contact person listed above to act on my behalf until I am available. I agree to review and update this information whenever a change occurs and at least every once a year.

Parent/Legal Guardian #1 Signature: _____ Date: _____

Parent/Legal Guardian #2 Signature: _____ Date: _____

Director/Co-Director Signature: _____ Date: _____

**** PROVIDE COPY OF INSURANCE CARD. HOSPITAL WILL NOT TREAT CHILD WITHOUT IT****