



## Childcare & Preschool Enrollment & Authorization Form

Name of Child \_\_\_\_\_ Nickname? \_\_\_\_\_ Boy / Girl

Birthdate \_\_\_\_\_ Date of Enrollment \_\_\_\_\_ Actual Start Date \_\_\_\_\_

### Parent(s) or Guardian(s) Contact Information

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

### Emergency Contact

In the event of an emergency, we always try to contact parents first. However, we are required to have an emergency contact **other than parents** in the event parents cannot be reached. Individuals listed below are authorized to pick up your child from the facility. Please list all phone numbers appropriate:

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

### Allergy & Health Information

Does your child have allergies? Yes \_\_\_ No \_\_\_ Do allergies restrict your child's activity? Yes \_\_\_ No \_\_\_

If yes, please list your child's allergies and what reaction he/she has when exposed to allergens:

---

---

---

Does your child have any other health conditions that we should know about in order to provide the best quality care?

---

---

---

Medical Provider \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Dentist \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

### Permission for Medical Care in Emergencies

In an emergency, Cobb Childcare & Preschool may provide or facilitate emergency medical care for my child, and has my permission to obtain any care deemed necessary to preserve the life, limb or well-being of my child. In most emergencies, 911 is called and the child is transported to the nearest hospital to be seen by the physician on-call. Parents are always notified as soon as possible in the event of emergency. ***This consent must be granted to enroll a child into our center*** Please initial to agree: \_\_\_\_\_

My child may be given non-prescribed medication as indicated on the container, including sunscreen and diapering ointment. Please note: Prescription and over the counter oral medications will not be administered without a completed and current medical authorization form. Please initial to agree: \_\_\_\_\_

### General Information & Permissions

My child may be photographed for social media or website marketing purposes Please initial to agree: \_\_\_\_\_

My child will be eating food prepared at Cobb. Please initial: \_\_\_\_\_ **OR**

My child will be bringing all food from home. Please initial to agree: \_\_\_\_\_

### Complete Enrollment

Enrollment at Cobb Childcare is contingent on completion of all the following information and forms. Please check that all materials are submitted:

- Enrollment & Authorization Form
- Billing Policy & Financial Agreement
- Food Program Enrollment Form (*All families must complete if their child is eating school food*).
  
- Immunization Record
- Getting To Know You Form
- Declaration of Viewing

***My signature below indicates that I have received, read, understand and agree to Cobb Childcare & Preschool's Parent Handbook and policies.***

Parent/Guardian Signature

Date

---

---