

Abundance of Joy
CHILD ENROLLMENT FORM

Date of Application: _____ **Date of Re-enrollment/Enrollment:** _____ **Last Day of Enrollment:** _____

Child's Name: _____ Child's Date of Birth: _____

Child's Address: _____ City: _____ Zip Code: _____

Mother's Name: _____ Address: _____

City: _____ Zip Code: _____ e-mail address: _____

Home Telephone #: (____) _____ Cell #: (____) _____

Mother's Employer: _____ Work #: (____) _____

Mother's Employer Address: _____ City: _____ Zip Code: _____

Father's Name: _____ Address: (if different) _____

City: _____ Zip Code: _____ e-mail address: _____

Home Telephone #: (if different) (____) _____ Cell #: (____) _____

Father's Employer: _____ Work #: (____) _____

Father's Employer Address: _____ City: _____ Zip Code: _____

Weekly Care Schedule: (please include the child's hours in care for each day...begin time & end time)

Monday: _____ Tuesday: _____

Wednesday: _____ Thursday: _____

Friday: _____

Emergency Authorization

I give my consent for the First Aid and CPR certified staff of **Abundance of Joy**, to administer first aid and CPR to my child and to contact the below named physician or dentist if my child has a medical emergency. I also give my consent for my child to be transported to the nearest hospital in the event of a medical emergency. I will be responsible for all medical fees. **Preferred Medical Facility:** _____

Medical Information

Known Allergies: _____ Last Tetanus shot: _____

Insurance Carrier: _____ Insurance ID#: _____

Child Physician Name: _____ Phone: (____) _____

Address: _____ City: _____ Zip Code: _____

Child Dentist Name: _____ Phone: (____) _____

Address: _____ City: _____ Zip Code: _____

Behavior Management and Parent Handbook

I acknowledge that I have read the parent handbook and agree to abide by the policies contained in it and that the techniques used to manage child behaviors in the facility have been discussed with me prior to enrollment.

Signature of Parent or Guardian: _____ **Date:** _____

Signature of Parent or Guardian: _____ **Date:** _____

Is your child related to the person providing his/her child care? Yes No If Yes, what is the relationship? _____

Office Use Only: Reg. Pd. _____ Sec. Pd. _____ Date _____ Ach _____ Total _____ Initials _____

(Relationship= grandchild, niece, nephew, sibling, son or daughter by blood, adoption or marriage)