

TCN LATCHKEY

Enrollment Form

This form shall be completed prior to the child's first day of attendance and updated annually and as needed.

Student Information:

Child's name: _____ Date of birth: _____

Home address: _____

Home telephone # _____ Cell # _____

Grade: _____ Home room teacher: _____ Bus # _____

Parent Information:

1. Parent/Guardian Name: _____

Home address: _____

Home telephone # _____ Cell # _____

Place of employment: _____

Work # _____ Which # should we call if needed? _____

2. Parent/Guardian Name: _____

Home address: _____

Home telephone # _____ Cell # _____

Place of employment: _____

Work # _____ Which # should we call if needed? _____

Siblings _____ Age/Grade _____

Siblings _____ Age/Grade _____

Siblings _____ Age/Grade _____

What days and hours are you planning for your child to attend?

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
_____ AM	_____ AM	_____ AM	_____ AM	_____ AM
_____ PM	_____ PM	_____ PM	_____ PM	_____ PM

Medical

Child's Name

Allergies, Special Health or Medical Conditions, and Food Supplements

Fill in this section accurately and completely. Please note that if your child has a current health or medical condition requiring child care staff to perform child specific care, such as: to monitor the condition, provide treatment, care, or to give medication, the JFS 01236 "Medical/Physical Care Plan" or equivalent form and/or the JFS 01217 "Request for Administration of Medication" must be completed and be kept on file at the center or type A home.

Does your child have any food, medication or environmental allergies? (*check all that apply*)

- No
 Yes - check all that apply Food Medication Environmental Please list and explain:

Does your child's allergy/allergies require child care staff to monitor child for symptoms, take action if a reaction occurs, or give emergency medication to your child? (*check one*)

- No
 Yes - a JFS 01236 "Medical/Physical Care Plan" or equivalent form and if administering medication, a JFS 01217 "Request for Administration of Medication" must be completed.

Does your child have a special health or medical condition? (*check one*)

- No
 Yes - please explain

Does the special health or medical condition require child care staff to perform a procedure, or perform child specific care such as: to monitor your child for symptoms or administer medication during child care hours? (*check one*)

- No
 Yes - a JFS 01236 "Medical/Physical Care Plan" or equivalent form and if administering medication, a JFS 01217 "Request for Administration of Medication" must be completed.

Is your child currently using any medication, food supplement or medical food (such as electrolyte solution)? (*check one*)

- No
 Yes - please explain

If yes, does this medication, food supplement, or medical food need to be administered at the child care center/type A home?

- No
 Yes - a JFS 01217 "Request for Administration of Medication" must be completed and kept on file for each medication, food supplement or medical food.
 N/A - program does not administer any medications.

Does your child have any dietary restrictions, including those for medical, religious or cultural reasons? (*check one*)

- No
 Yes - please explain

Does this dietary restriction require a modified diet that eliminates all types of fluid milk or an entire food group?

- No
 Yes - written instructions from the child's health care provider must be on the JFS 01217 "Request for Administration of Medication."
 N/A - child does not attend a full time program.

Child's Name: _____

List any history of hospitalization, outpatient surgery, or previous health concerns that would be needed to assist the staff or medical personnel in an emergency situation.

Emergency Medical:

Child's Doctor: _____ Phone # _____

Name of Hospital: _____ Phone # _____

Child's Dentist: _____ Phone # _____

Emergency Transportation Authorization

Give <u>Permission</u> to transport	
TCN Latchkey	
Has permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. The emergency transportation service will determine the facility to which my child will be transported.	
Parent's Signature	Date

OR (Do not sign both)

<u>Do not Give Permission</u> to Transport	
TCN Latchkey	
Does not have permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. I wish for the following action to be taken:	

TCN Latchkey ___ has my permission ___ does not have my permission to post pictures/video of my child _____ on the Latchkey web pages.

Latchkey

Pick Up and Emergency Contacts List

The following people may pick _____ up from latchkey.

Name & Relation

Phone #

Emergency Contacts: (parents cannot be listed)

Name _____ Relation _____

Address _____

Home # _____ Cell # _____

Name _____

Address _____

Home # _____ Cell # _____

Name _____

Address _____

Home # _____ Cell # _____