



NORTH HAVEN  
CHILD DEVELOPMENT CENTER  
*where a love for learning begins*

## Enrollment Form

*To be completed by Program Staff:*

Application Date: \_\_\_\_\_ Enrollment Date: \_\_\_\_\_ Last Day of Enrollment: \_\_\_\_\_

*To be completed by parents/guardians:*

Child's Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

Child's Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's Date of Birth: \_\_\_\_\_

Address (If different): \_\_\_\_\_ City/Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Home Telephone #: (\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_

Mother's Employer: \_\_\_\_\_ Work #: (\_\_\_\_) \_\_\_\_\_

Employer's Address: \_\_\_\_\_ City/Zip" \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Date of Birth: \_\_\_\_\_

Address (If different): \_\_\_\_\_ City/Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Home Telephone #: (\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_

Father's Employer: \_\_\_\_\_ Work #: (\_\_\_\_) \_\_\_\_\_

Employer's Address: \_\_\_\_\_ City/Zip" \_\_\_\_\_

Weekly Care Schedule: (please include the child's hours in care for each day)

Day Of Week	Drop Off	Pick Up
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Pediatrician: \_\_\_\_\_ Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Do you give North Haven Child Development Center Staff permission to speak with your child's Physician regarding medical information- \_\_\_\_\_ ( yes) \_\_\_\_\_(no)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Emergency Form

*Emergency Contacts (At least 2 people are required)*

People listed below will be contacted in case of an emergency when center staff cannot get in contact with the child's parents/guardian. Emergency contacts are also able to pick up child. Should you want additional people listed for pick up, please place information on the back of this form.

<i>Name:</i>	<i>Name:</i>
<i>Address:</i>	<i>Address:</i>
<i>Phone #:</i>	<i>Phone #:</i>
<i>Relationship:</i>	<i>Relationship:</i>

The following person(s) are restricted from pick up:

1.
2.

Is there any medical history or allergies that we should be aware of? Please explain in detail:

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By signing below, I agree that all information above is accurate and that it is my full responsibility to update all information as needed at a minimum of once per calendar year.

Signature of Parent or Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Manager \_\_\_\_\_ Date: \_\_\_\_\_



## **Emergency Medical Permission Form**

### *Permission to Administer Medication:*

I, \_\_\_\_\_, (Parent Name) give North Haven Child Development Center permission to administer Medication to my child \_\_\_\_\_ when requested by myself or a physician. All proper paperwork and documentation must be completed prior to staff providing medication (prescribed or over the counter).

### *Permission to Administer First Aid and CPR:*

I, \_\_\_\_\_, (Parent Name) give North Haven Child Development Center permission to administer CPR and First Aid to my child \_\_\_\_\_ when needed in case of an emergency.

### *Permission to Transport in Case of an Emergency:*

I, \_\_\_\_\_, (Parent Name) give North Haven Child Development Center permission to transport my child \_\_\_\_\_ when needed in case of an

emergency. Should my child need to be transported to a hospital, the only form of transportation will be an ambulance. My hospital of choice is;

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