



ABC HUSKIES CHILD CARE

ENROLLMENT PACKET

**ALL FORMS MUST BE COMPLETED PRIOR
TO RECEIVING CHILD CARE SERVICES.**

Client Information

CHILD

Name: _____ Age: _____

Birthdate: _____

Mailing Address: _____

Street Address: _____

PARENTS

Mother's Name: _____

Mailing Address: _____

Street Address: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Father's Name: _____

Mailing Address: _____

Street Address: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

EMERGENCY CONTACTS

(These will also be the only people that may pick up your child from the facility.)

Full Name: _____ Phone: _____

Full Name: _____ Phone: _____

Full Name: _____ Phone: _____

Parent/Guardian Signature: _____

Parent/Guardian Signature: _____

CHILD'S HEALTH RECORD

Child's Name: _____

General state of health: _____

Doctor's name: _____ Phone: _____

Dentist's name: _____ Phone: _____

Are your child's immunizations up to date? _____ (Please attach a copy of child's immunization record)

Does your child have any known allergies? _____ If so, please describe: _____

Does your child have any medical conditions we should be aware of?

Has your child had any of the following common childhood illnesses/conditions? (please circle all that apply)

- | | |
|-------------------------|----------------|
| Constipation | Asthma |
| Convulsions | Bronchitis |
| Diarrhea | Chicken Pox |
| Fainting Spells | Diabetes |
| Frequent Colds | Heart Disease |
| Frequent Ear Infections | Hepatitis |
| Frequent Sore Throats | Impetigo |
| Lice | Measles |
| Ringworm | Mumps |
| Skin Rash | German Measles |
| Soiling | Polio |
| Stomach Upsets | Scarlet Fever |
| Urinary Problem | Tuberculosis |
| Worms | Whooping Cough |

Does your child have any speech, hearing or visual problems? _____

Are there any restrictions to play or activities? _____

Authorization Form

Child's Name: _____

Product	May Apply	Do Not Apply	Please Use	Name of Other
Adhesive Tape				
Antiseptic Wipes				
Antiseptic Ointments				
Aspirin				
Aspirin Free				
Baby Lotion				
Baby Oil				
Baby Powder				
Band-Aids				
Bag Balm				
Bar Soap				
Burn Ointments				
Calamine Lotion				
Chap Stick				
Cold Creams				
Conditioners				
Cough Syrup				
Diaper Wipes				
Diaper Ointment				
Epinephrine ***				
Hydrogen Peroxide				
Insect Repellents				
Sun Screen				

***** ATTENTION: Your provider must be medically trained to administer Epinephrine injections.**

Staff Authorization to Treat

Child's Name: _____

I authorize ABC Huskies Day Care staff to provide the following medical treatments if required for my child:

Call an ambulance if necessary.

INITIAL: _____

Take my child to physician or hospital.

INITIAL: _____

Administer prescription medication to my child as instructed by parent.

INITIAL: _____

Administer non-prescribed medication to my child as instructed by parent.

INITIAL: _____

I understand any required medical expenses are my responsibility.

Parent/Legal Guardian: _____ Date: _____

ABC Huskies Child Care - Parent Contract

Child's Name: _____

As parent(s)/guardian(s) of the above-named child, I/we agree to the following terms of my contract with ABC Huskies Child Care.

I have completed and submitted the ABC Huskies Child Care Enrollment Packet.
INITIAL: _____

I have received, read and will abide by the rules and policies listed in the ABC Huskies Child Care **Parent Handbook** to ensure the safety and well-being of all participants and their families.
INITIAL: _____

I understand the process followed should disciplinary measures be necessary.
INITIAL: _____

I authorize my child to participate in supervised walking field trips with the ABC Huskies Child Care Program.
INITIAL: _____

I give permission for my child to be photographed for publicity or news purposes.
INITIAL: _____

I understand that my child comes to day care to play and will dress him or her appropriately for safety, comfort, movement, outdoor activities, and art.
INITIAL: _____

I agree to pay \$_____ per hour for services rendered with payment due within 10 days of monthly billing date. I understand past due accounts will be charged interest at the rate of 5% per month plus a late fee of \$35 for each month that payment is not made. A \$35 fee will be charged for returned checks. I understand if my account is turned over to a Collection Agency, the Collection Agency Fee will be added to the amount owed on the past due account.
INITIAL: _____

Parent Name (Please Print)

Signature

Date

Parent Name (Please Print)

Signature

Date

TRANSPORTATION AGREEMENT

The child care facility, Sherman County Child Care Foundation dba ABC Huskies Child Care, will provide staff supervision for your child to and from Sherman Elementary School bus stops in Wasco, Oregon. Motorized vehicles may occasionally be used when required by weather conditions. All children will be required to wear a seat belt at all times.

Children attending Sherman Preschool in Moro, Oregon, will be transported by Sherman Preschool to the ABC Huskies Child Care site.

I, _____, authorize Sherman County Child Care Foundation dba ABC Huskies Child Care to provide staff supervision/transportation for my child/children to and from Sherman Elementary School bus stops in Wasco, Oregon.

Child's name: _____

Child's name: _____

Child's name: _____

Parent/Legal Guardian: _____ Date: _____

ABC Huskies Child Care Enrollment Packet Update

I have reviewed all the information provided in the ABC Huskies Child Care Enrollment Packet for my child: _____

Please check one:

All the information is correct and current.

The following updates are needed.

Parent/Guardian Name (Please Print)

Signature

Date
