



## Child Admission Record

Date of Enrollment: \_\_\_\_\_

Child's Name: \_\_\_\_\_

**General Information:** Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Number: \_(\_\_\_\_)\_\_\_\_\_ Cell: \_(\_\_\_\_)\_\_\_\_\_

Email \_\_\_\_\_

**Father/Guardian Information:**

Father or Guardian Name: \_\_\_\_\_

Father's Social Security Number: \_\_\_\_\_

Father's Contact Phone Numbers: \_(\_\_\_\_)\_\_\_\_\_ Cell \_(\_\_\_\_)\_\_\_\_\_

Address if different from Child: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Phone: (\_\_\_\_)\_\_\_\_\_ Email: \_\_\_\_\_

**Mother/Guardian Information:**

Mother's or Guardian Name: \_\_\_\_\_

Mother's Social Security Number: \_\_\_\_\_

Mother's Contact Phone Numbers: \_(\_\_\_\_)\_\_\_\_\_ Cell \_(\_\_\_\_)\_\_\_\_\_

Address if different from Child: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Phone: \_(\_\_\_\_)\_\_\_\_\_ Email: \_\_\_\_\_

**\*\*\*\*If needed:**

Parent/guardian with legal custody: \_\_\_\_\_ Decree on file? Yes or No (circle)

Parents are: Married Divorced Separated Widowed Single

Emergency Medical Information:

Other emergency contacts: (if parents cannot be reached)

Name/phone number/relationship to child:

Child's Doctor's name and phone number: \_\_\_\_\_

Child's Dentist and phone number: \_\_\_\_\_



**Child release Information:**

No Child may be released from the provider’s home to any person other than his/her parents or other person currently designated in writing by such parent to receive the child. Those people authorized to pick-up the child (including parents) need to be prepared to present photo identification at **anytime**. Especially when the child first enrolls or when there are new staff that may not recognize the person or if it is not the usual person receiving the child.

\*The following persons(other than parents)have permission to pick up my child from the Childcare Center:

Name \_\_\_\_\_ Phone: \_\_ (\_\_\_\_) \_\_\_\_\_  
 Relationship to Child \_\_\_\_\_  
 Name \_\_\_\_\_ Phone: \_\_ (\_\_\_\_) \_\_\_\_\_  
 Relationship to Child \_\_\_\_\_  
 Name \_\_\_\_\_ Phone: \_\_ (\_\_\_\_) \_\_\_\_\_  
 Relationship to Child \_\_\_\_\_

**Permission for Activities:**

I/We hereby give First Lutheran Childcare Center staff permission to take my/our child \_\_\_\_\_

Off premises and on excursions that will take place during regular childcare hours. I/We understand that I will be notified of any such trips beforehand, that trips will be supervised and that all precautions will be for the safety and wellbeing of all children. I/We also understand that First Lutheran Childcare Center Staff will not be liable for any accident or injury.

Consent is for normal activities unless indicated below-

Please indicate those activities your child **does not or does** have permission to participate in:

- Yes No Going for rides in stroller/wagon
  - Yes No Play in water
  - Yes No Go to the park (Lund Park most sunny days - Alternate outdoor area)
- Other activities in which your child **should not** participate?

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**Photo Permission:**

I/We give permission for First Lutheran Childcare Center Staff to use our child, \_\_\_\_\_ Photograph on the website, fliers, brochures, slide presentation or any other publication relative to First Lutheran Childcare Center. We realize that the child's first or last name will not be used in such publications.

I/We certify that all the information given on this form is correct and accurate to our best knowledge. I/We promise that I/We will notify the provider, if any or all of the information changes.

By signing below, you agree that this is a legally binding form. Providing false information could result in termination of childcare services.

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
First Lutheran Childcare Center Staff Signature

\_\_\_\_\_  
Date

Extra helpful Information:

Do you have a back-up provider?    Yes    No

If yes, Name, address, and phone number: \_\_\_\_\_



Previous experiences(s) in childcare: \_\_\_\_\_

Are there any holidays you DO NOT want your child to participate in?

Are there any foods you DO NOT want your child to eat? \_\_\_\_\_

(Note any allergies on medical form)

Any other information about your family or child that you wish us to know:

Other children in the family (list relationship)

Other adults in the home: (list relationship)

Child's Typical Schedule:

Time the Child usually

__:____	Eats Breakfast	Usually consists of _____
__:____	Takes a.m. nap	____:____ wakes from a.m. nap
__:____	Eats Lunch	Usually consists of _____
__:____	Takes p.m. nap	____:____ wakes from p.m. nap

About your Child

Please give information concerning your child, which may be helpful to the childcare provider:

Play habits: \_\_\_\_\_

Eating behavior: \_\_\_\_\_

Sleep pattern: \_\_\_\_\_

Fears: \_\_\_\_\_

Likes and dislikes: \_\_\_\_\_

Usual temperament: \_\_\_\_\_

Comfort item for rest time: \_\_\_\_\_

A routine for putting the child down for rest time: \_\_\_\_\_

Does the child sleep on their: Back Stomach Side



Is your child toilet trained: \_\_\_\_\_

Are they trying to use the toilet: \_\_\_\_\_

What is the word they may use for using the Bathroom: \_\_\_\_\_

Is there anything else you would share about your child:

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