

SPECTRUM STATION

Early Learning & Child Care Center

Door Code:

Admission Date:

Discharge Date:

Child's Name:

Gender:

Birthdate:

Complete Address:

IDENTIFYING INFORMATION

Mother's or Guardian Name:

Home phone:

Address(Street, City, State, Zip) Check if same as above

Cell Phone:

Employer (School attended)

Work Phone:

Employer Address:

Work Hours-From: To:

E-mail Address:

Father's or Guardian Name:

Home phone:

Address(Street, City, State, Zip) Check if same as above

Cell Phone:

Employer (School attended)

Work Phone:

Employer Address:

Work Hours-From: To:

E-mail Address:

EMERGENCY CONTACT and PERSONS AUTHORIZED TO TAKE CHILD FROM FACILITY (Other than Parent) AT LEAST ONE EMERGENCY CONTACT IS REQUIRED (Written confirmation for alternate pick up is required)

(1) Name:

Home phone:

Address:

Cell Phone:

Relationship:

Addl Info:

Work Phone:

(2) Name:

Home phone:

Address:

Cell Phone:

Relationship:

Addl Info:

Work Phone:

COMMENTS ON CHILD'S DEVELOPMENT: Note allergies, habits, special needs, etc.

CARE REQUIREMENT

Related Child YES NO How is this child related to the child care provider?

CHILD'S PROJECTED ATTENDANCE SCHEDULE AND ANY VARIATIONS EXPECTED

Check here what days the child will attend. The child will attend: ____ FULL TIME ____ PART TIME	What time does your child usually ARRIVE each day? Circle AM or PM	What time does your child usually LEAVE each day? Circle AM or PM	Write any comments, changes, or variations in this section including shift changes
MONDAY <input type="checkbox"/>	AM PM	AM PM	
TUESDAY <input type="checkbox"/>	AM PM	AM PM	
WEDNESDAY <input type="checkbox"/>	AM PM	AM PM	
THURSDAY <input type="checkbox"/>	AM PM	AM PM	
FRIDAY <input type="checkbox"/>	AM PM	AM PM	
SATURDAY Closed	AM PM	AM PM	
SUNDAY Closed	AM PM	AM PM	

CIRCLE THE MEALS YOUR CHILD IS USUALLY GIVEN AT THIS FACILITY

Breakfast Morning Snack Lunch Afternoon Snack None

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

I UNDERSTAND THAT I WILL BE NOTIFIED AT ONCE IN CASE OF AN EMERGENCY WITH MY CHILD, AND I WILL MAKE ARRANGEMENTS FOR MEDICAL CARE FOR MY CHILD WITH THE PHYSICIAN OR HOSPITAL OF MY CHOICE. IF I CANNOT BE REACHED TO MAKE THE NECESSARY ARRANGEMENT, OR IN A CRITICAL EMERGENCY REQUIRING MEDICAL CARE, I HEREBY AUTHORIZE **SPECTRUM STATION** TO CONTACT THE FOLLOWING:

Please list name and phone number of doctor and hospital:

Doctor's Name:	Phone:
Hospital Preference:	Phone:

ACKNOWLEDGEMENTS

A	I have received a copy of this facility's policies pertaining to the admission, care, and discharge of children.	Parent/Guardian Initials
B	I have been informed that a copy of the licensing rules for child care centers is available at the facility for review.	Parent/Guardian Initials
C	The provider and I have agreed on a plan for continuing communication regarding my child's development, behavior, etc.	Parent/Guardian Initials
D	When my child is ill, I understand and agree that s/he may not be accepted for care or remain in care.	Parent/Guardian Initials
E	I understand that, before the first day of attendance by my child, I will provide proof of completed age-appropriate immunizations or exemptions from immunizations.	Parent/Guardian Initials
F	I have been notified that I may request notice at initial enrollment or anytime thereafter whether there are children currently enrolled in or attending the facility for whom an immunization exemption has been filed.	Parent/Guardian Initials
G	I do <input type="checkbox"/> I do not <input type="checkbox"/> give permission for field trips/excursions. I understand notification will be given in advance of excursions.	Parent/Guardian Initials
H	I do <input type="checkbox"/> I do not <input type="checkbox"/> give permission for facility to transport my child	Parent/Guardian Initials
I	I have been informed and have received a copy of the facility's <i>Safe Sleep Policy</i> when enrolling a child less than one (1) year of age.	Parent/Guardian Initials
J	Our center uses a video surveillance system in the facility. Classrooms are routinely viewed and/or materials archived for clarification and/or training. Archived tapes are not available for parental viewing.	Parent/Guardian Initials
K	I give Spectrum Station permission to use my child's photograph/video in Spectrum Station advertising, media presentations, press releases, brochures, and in the facility. Spectrum Station will not release any video or photographs to any outside organization without parental approval.	Parent/Guardian Initials

CA CHP REQUIREMENT	Parent/Guardian Signature:	Date:
	First Annual Update Parent/Guardian Signature:	Date:
	Second Annual Update Parent/Guardian Signature:	Date: