

**AmaZing Children's Learning Center**  
**CHILD CARE ENROLLMENT FORM**

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Child(ren) Full Name & Birthdate: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FAMILY INFORMATION**

Mother: _____
Address: _____
City, State, Zip: _____
Home #: _____ Cell #: _____
Email Address: _____
Employer: _____
Work #: _____ Schedule: _____

Father: _____
Address: _____
City, State, Zip: _____
Home #: _____ Cell #: _____
Email Address: _____
Employer: _____
Work #: _____ Schedule: _____

**EMERGENCY CONTACT INFORMATION**

Name: _____
Address: _____
City, State, Zip: _____
Home #: _____ Cell #: _____
Relationship: _____
Employer: _____
Work #: _____ Schedule: _____

Name: _____
Address: _____
City, State, Zip: _____
Home #: _____ Cell #: _____
Relationship: _____
Employer: _____
Work #: _____ Schedule: _____

**PICK UP CONTACT INFORMATION**

Name: _____
Address: _____
City, State, Zip: _____
Home #: _____ Cell #: _____
Relationship: _____
Employer: _____
Work #: _____ Schedule: _____

Name: _____
Address: _____
City, State, Zip: _____
Home #: _____ Cell #: _____
Relationship: _____
Employer: _____
Work #: _____ Schedule: _____

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**FOR OFFICE USE ONLY**

**APPLICATION DATE:** \_\_\_\_\_ **ENROLLMENT DATE:** \_\_\_\_\_ **START DATE:** \_\_\_\_\_

**CUSTODY STATUS:** \_\_\_ **JOINT** \_\_\_ **MOTHER ONLY** \_\_\_ **FATHER ONLY** \_\_\_ **NOT LEGALLY DELEGATED**

**PARENTAL MARITAL STATUS:** \_\_\_ **SINGLE** \_\_\_ **DIVORCED** \_\_\_ **SEPARATED** \_\_\_ **MARRIED**

**AmaZing Children's Learning Center**  
EMERGENCY CONTACT FORM – SUPPLEMENTAL

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Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Work #: \_\_\_\_\_ Schedule: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Work #: \_\_\_\_\_ Schedule: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Work #: \_\_\_\_\_ Schedule: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Work #: \_\_\_\_\_ Schedule: \_\_\_\_\_

## AmaZing Children's Learning Center

### CHILD HEALTH HISTORY/ASSESSMENT

Child's Name & Birthdate: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Date of Enrollment: \_\_\_\_\_

Please check all that apply and list any health information needed to care for your child:

Any known allergies/sensitivities to:	No	Yes	If yes, please list.....
Medications			
Foods			
Other			

Any chronic illnesses or medical conditions:	No	Yes
Asthma		
Diabetes		
Seizures		
Heart Problems		
Other		

Any disabilities:	No	Yes
Hearing Impairment		
Visual Impairment		
Developmental Delays		
Physical Impairment		
Emotional Problems		
Other		

Any additional health information not listed above:

- \_\_\_\_\_
- \_\_\_\_\_

Medications your child takes:

- \_\_\_\_\_
- \_\_\_\_\_

Any instructions for your child's daily care:

- \_\_\_\_\_
- \_\_\_\_\_

Date of last physical examination: \_\_\_\_\_

Date of last dental examination: \_\_\_\_\_

Date of last vision examination: \_\_\_\_\_

Instructions for child's emergency care:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

<b>Family Signature &amp; Date</b>	<b>Family Printed Name &amp; Date</b>

**AmaZing Children's Learning Center**  
MEDICAL FORM

Child's Name & Birthdate: \_\_\_\_\_

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

Mother: Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Father: Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

**GENERAL STATUS OF CHILD'S HEALTH STATEMENT**

**ALLERGIES INCLUDING FOOD ALLERGIES**

**RETRICICTIONS ON THE CHILD'S PARTICIPATION IN ACTIVITES WITH PARENT AND/OR  
HEALTH PROFESSIONALS' INSTRUCTIONS**

**DOCTOR & HOSPITAL INFORMATION**

Name: \_\_\_\_\_  
Physician at \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Work #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Name: \_\_\_\_\_  
Dentist at \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Work #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Name: \_\_\_\_\_  
Optometrist at \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Work #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Hospital: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Work #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**AUHTORIZATION**

By signing below I (the parent) authorize AmaZing Children's Learning Center staff to seek emergency medical care for my child in my parent's absence. This is in case of accident or illnesses that require medical attention.

Insurance Company & Number: \_\_\_\_\_

<b>Parent Signature &amp; Date</b>	<b>Parent Printed Name &amp; Date</b>

**AmaZing Children's Learning Center**  
**PARENT / PROVIDER CONTRACT**

Child(ren) Full Name & Birthdate: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- I have read the AmaZing Children's Learning Center Parent Handbook and agree to comply with all policies and procedures.
- I have read the AmaZing Children's Learning Center Parent Handbook and agree to comply with all policies and procedures.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- My expected typical child care hours are:
  - Monday: \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm
  - Tuesday: \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm
  - Wednesday: \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm
  - Thursday: \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm
  - Friday: \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm
  - Saturday: \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm
  - Sunday: \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm
  - Average Weekly Hours: \_\_\_\_\_

- My weekly child care rate is \$\_\_\_\_\_ and is due at 'drop off' on the last day of attendance each week. I understand that a \$5.00 late fee will be added for each day my payment is late.

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

<b>Family Signature &amp; Date</b>	<b>Family Printed Name &amp; Date</b>
<b>Provider Signature &amp; Date</b>	<b>Provider Printed Name &amp; Date</b>

**AmaZing Children's Learning Center**  
PARENT SURVEY

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1. Has your child ever been in child care before? \_\_\_\_ YES / \_\_\_\_ NO
  - a. What type of child care services? \_\_\_\_ HeadStart \_\_\_\_ Daycare \_\_\_\_ Familycare \_\_\_\_ Other
2. Why are you looking for child care services?
  - a. \_\_\_\_\_  
\_\_\_\_\_
3. How does your child feel about childcare and being left by their mother or father?
  - a. \_\_\_\_\_  
\_\_\_\_\_
4. Are there any recent traumatic situations the child has been exposed to such as a death in the family, divorce, new sibling, etc.?
  - a. \_\_\_\_\_  
\_\_\_\_\_
5. What is your child's temperament? Are they easy going, hard to please, demanding, aggressive, etc.?
  - a. \_\_\_\_\_  
\_\_\_\_\_
6. Are there any food restrictions? \_\_\_\_ YES / \_\_\_\_ NO
7. What is your child's favorite food?
  - a. \_\_\_\_\_
8. What food(s) does your child dislike?
  - a. \_\_\_\_\_  
\_\_\_\_\_
9. Can your child be relied upon to indicate bathroom requests? \_\_\_\_ YES / \_\_\_\_ NO
10. What words does your child use for: Bowel Movements \_\_\_\_\_, Urination \_\_\_\_\_
11. What time does your child awaken?
  - a. \_\_\_\_\_
12. What time does your child go to sleep at night?
  - a. \_\_\_\_\_
13. Does your child sleep through the night? \_\_\_\_ YES / \_\_\_\_ NO (explain)
  - a. \_\_\_\_\_  
\_\_\_\_\_
14. Does your child sleep in a bed or crib, other?
  - a. \_\_\_\_\_
15. Has your child had experiences playing with other children?
  - a. \_\_\_\_\_  
\_\_\_\_\_
16. What language(s) are spoken at home?
  - a. \_\_\_\_\_
17. Does your child have ant security objects such as a blanket, soother, bottle, toy, etc.?
  - a. \_\_\_\_\_
18. What are your child's favorite activities, toys, books, or games?
  - a. \_\_\_\_\_
19. Are there any other comments or information you would like to let me know about?
  - a. \_\_\_\_\_  
\_\_\_\_\_
20. Any specific comments/concerns/questions:
  - a. \_\_\_\_\_  
\_\_\_\_\_

**AmaZing Children's Learning Center**  
**PERMISSIONS FORM**

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**Water Activities Permission**

My Child has permission to participate in water activities supervised by AmaZing Children's Learning Center staff. I understand location may vary from onsite to offsite and that all offsite locations will have a separate field trip permission requested. In addition transportation authorization is required and regulations regarding transportation must be followed.

<b>Family Signature &amp; Date</b>	<b>Family Printed Name &amp; Date</b>

**Transportation Permission**

I/We authorize AmaZing Children's Learning Center LLC to take my/our child on walking trips, special excursions, and to nearby public park and child friendly facilities. I/We also authorize the child to ride as a passenger in the vehicle owned or leased by AmaZing Children's Learning Center LLC. I/We understand all such trips are under supervision of Provider and that health and safety precautions are taken in compliance with Department of Children Family Services standards. Permission for each trip off the premises is granted.

<b>Family Signature &amp; Date</b>	<b>Family Printed Name &amp; Date</b>

**Third Party Professional Services**

I authorize AmaZing Children's Learning Center LLC to allow my child to participate in third party professional services in the child-care center.

<b>Family Signature &amp; Date</b>	<b>Family Printed Name &amp; Date</b>

**Permission to Administer**

I give permission for AmaZing Children's Learning Center, to administer the following products according to the manufactures instruction or as otherwise specified.

Baby Powder	Baby Oil	Bar of Soap	Tooth Paste	Diaper Wipes	Shampoo
Teething Gel	Band-Aids	Hydrogen Peroxide	Decongestant	IPECAC Syrup	Baby Lotion
Sun Block	Insect Repellent	Lip Balm	Rash Ointment	Aspirin Free	Anti-itch Cream
Antiseptic Ointment	Cough Syrup	Antihistamine	Tylenol		

<b>Family Signature &amp; Date</b>	<b>Family Printed Name &amp; Date</b>

**AmaZing Children's Learning Center**  
**EMERGENCY CONTACT FORM – SUPPLEMENTAL**

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Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Work #: \_\_\_\_\_ Schedule: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Work #: \_\_\_\_\_ Schedule: \_\_\_\_\_

PLEASE LIST BELOW INFORMATION REGARDING INDIVIDUALS WHO ARE NOT AUTHORIZED TO PICK UP CHILD (individuals with court ordered restricted access to the child):

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## AmaZing Children's Learning Center

### Permission to Photograph

I, \_\_\_\_\_, give permission for \_\_\_\_\_ to  
(Parent or Guardian name) (Child Care Provider)

photograph my child, \_\_\_\_\_, for the following purposes:  
(Child's name)

<b>Type of Use:</b>	<b>(Please check one)</b>	
	<b>Grant Permission</b>	<b>Decline Permission</b>
<b>Still Photographs:</b>		
Display in my personal scrapbook	<input type="checkbox"/>	<input type="checkbox"/>
Give photographs possibly containing your child to current clients	<input type="checkbox"/>	<input type="checkbox"/>
Display in facility's scrapbook or bulletin boards, shown to current and prospective clients	<input type="checkbox"/>	<input type="checkbox"/>
Display still photos on child care website*	<input type="checkbox"/>	<input type="checkbox"/>
Post photos on child care's Facebook page	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
<b>Videos:</b>		
Give video to current parents	<input type="checkbox"/>	<input type="checkbox"/>
YouTube™ promotional video	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other (please list):</b>		
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

\*Only first names and possibly last initials (in the event of two or more children with the same first name) will be displayed on the facility website.

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

Signed:

\_\_\_\_\_

(Parent or Guardian signature)

\_\_\_\_\_

(Date)