

Child Enrollment and Authorization

Child's Last Name	Date Entered Care
Child's First Name	Age at Entry to Care
Child's Nickname	Date of Birth

ALLERGY ALERT: Does child have allergies? **Yes** **No** If yes, list all allergies on back side of form

Parent or Guardian Contact Information

Name (first, last)	Relationship	
Home Address	City	Zip
Home Phone	Work Phone	
Employer and Work Hours	Cell Phone	
Work Address	City	Zip
Name (first, last)	Relationship	
Home Address	City	Zip
Home Phone	Work Phone	
Employer and Work Hours	Cell Phone	
Work Address	City	Zip

Parent/Guardian First Name and Email

Parent/Guardian First Name and Email

Required Emergency Contact Information-person other than parent or guardian that is authorized to pick up child

Name (first, last)	Phone	Relationship
Name (first, last)	Phone	Relationship

Non-Emergency Contact Information-person other than parent or guardian that is authorized to pick up child

Name (first, last)	Phone	Relationship
Name (first, last)	Phone	Relationship

Medical/Dental Contact Information

Insurance Provider and Policy Information (if applicable)	
Primary Physician Name	Phone
Dental Provider (if child is school-age. If none, list dental provider for child care facility)	Phone

Parent or Guardian Authorization

Please acknowledge permission of the following:

- My child** may be taken on field trips or excursions by bus or private motor vehicle, as well as on neighborhood walking excursions under required supervision (see special transportation arrangements section on back of form).
- My child** may participate in swimming or other water activities under required supervision (OCC requires approved lifeguard).
- My child** may be photographed and photos may be used for: parent messaging software marketing materials
- My child** may be given non-prescribed medication as indicated on the container. This may include sunscreen, children's pain reliever, antibacterial first aid cream, and diapering ointment. Syrup of ipecac may be administered if deemed necessary by the poison control operator. The child's parent or guardian will be contacted prior to administering non-prescription pain relievers. Prescription medications must be current and a permission slip is required per each medication.

In an emergency, the child care facility has my permission to call an ambulance, or take my child to any available physician or hospital at my expense to obtain medical treatment. In most emergencies, 911 is called and the child is transported to the nearest hospital and treated by the on-call physician. The parent or guardian of the child is notified as soon as possible.

Parent/Guardian Signature _____ Date _____



Office: 503.255.1056
 Fax: 503.961.8735
 Info@HELP-PDX.com

LOCATION
 12029 Ainsworth Circle
 Portland, OR 97024

MAILING ADDRESS
 PO Box 118
 Fairview, OR 97024

Child Information

Has your child previously been in child care?	If yes, what type of care and for how long?
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Goals for Childcare for your child

Child General Information- please include all information that will assist us in providing quality care for your child

Likes and Dislikes

Eating Habits and Schedule

Sleeping Habits and Schedule

Play

Fears

Special Words and their Meanings

Child Medical Information

Does your child have allergies? Yes No

Has your child had chickenpox? Yes No

List all allergies or other health problems, including instructions for providing best possible care in regard to stated conditions. Do any of the medical conditions restrict the child's activities?

Other Children in Home

Name (first, last)	Nickname	Age	Gender
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Name (first, last)	Nickname	Age	Gender
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Name (first, last)	Nickname	Age	Gender
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Name (first, last)	Nickname	Age	Gender
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Special Transportation Arrangements

Office of Child Care requires a written plan of the transportation arrangements between the child care facility and the parent or guardian of the child for extracurricular activities. The following indicates the child care facility's transportation plan:

_____ (Child) attends _____ (school). He/she will be transported/escorted between the child care facility and the school by (check applicable type): _____ school bus, _____ head start bus, _____ child care facility or _____ will arrive/depart unescorted with my permission. If my child is not at the designated pickup site, or does not arrive as planned, please contact (check applicable type): _____ parent or guardian, or _____ the school, in order to confirm the child's whereabouts, as well as devise a plan as needed to locate the child. My child also has permission to (specify, ie: work with teacher after school, attend an extracurricular class or meeting, depart for home at specific time, etc):

Parent/Guardian Signature _____ Date _____