Enrollment Form

Suzy's Little Peanuts Day School, LLC

Completion of this form is required for enrollment. This form will enable us to better understand your child and meet his/her needs. Much of the information requested is necessary to comply with state child care licensing regulations.
Please attach your child's birth certificate.

Enrollment Information

Child's Information

Child's first name	Child's last name	Child's nickname	Child's DOB
Age / Sex	Child's primary language	Parent/guardian/sponsor primary language	
Child's home address	City	State	Zip
Does your child attend school? □ Yes □ No / School name	Grade	School phone	
School address	Drop off time	Pick up time	

Family Information

List family members & pets your child lives with – include first names, relation and ages of siblings

Parent/guardian/sponsor	Relationship to child	Home phone	Cell phone		
Home address if different from above	City	State	Zip		
Home email	Work email	Work phone			
Employer	Employer address	City	State	Zip	Work hours
Other parent/guardian/sponsor	Relationship to child	Home phone	Cell phone		
Home address if different from above	City	State	Zip		
Home email	Work email	Work phone			
Employer	Employer address	City	State	Zip	Work hours

Child Emergency Contact and Release Information (do not include parents/guardians/sponsors)

Please notify the center if an Emergency Release Contact will pick up your child on a given day.
[For the safety of your child, we request that all authorized pick up persons with whom staff is not familiar provide a photo ID at the time of pick up.]

Person #1	Relationship to child	Home phone	Cell phone		
Home address	City	State	Zip		
Home email	Work email	Work Phone			
Employer	Employer address	City	State	Zip	Work hours
Person #2	Relationship to child	Home phone	Cell phone		
Home address	City	State	Zip		
Home email	Work email	Work Phone			
Employer	Employer address	City	State	Zip	Work hours
Person #3	Relationship to child	Home phone	Cell phone		
Home address	City	State	Zip		
Home email	Work email	Work Phone			
Employer	Employer address	City	State	Zip	Work hours

The persons designated in this section will be contacted by us if you cannot be reached in the event of a medical or other emergency. Our staff will only release your child to you or to those persons listed above. If you want a person who is not identified above to pick up your child, you must notify our staff in advance, in writing. Your child will not be released without prior authorization.
Your child's safety is our number one priority. Suzy's Little Peanuts Day School, LLC will not release children from the program without the above information **in writing**.

Primary Parent/Guardian/Sponsor Signature _____ Date _____

Medical Information

Child's name	Birth date	Height	Weight	Hair color	Eye color

Distinguishing marks

Child's Medical, Cultural & Developmental History

1. Does your child have any special medical conditions? □ No □ Yes Explain _____
2. Does your child have any chronic illnesses? □ No □ Yes Explain _____
3. Please list a brief history of your child's serious injuries and hospitalizations. _____
4. Does your child have diabetes? □ No □ Yes *If yes, please attach care instructions from your physician.*
5. Does your child have asthma? □ No □ Yes *If yes, please attach care instructions from your physician.*
6. Will medication be administered regularly? □ No □ Yes *If yes, please attach care instructions from your physician.*
7. Does your child have any special dietary needs? □ No □ Yes Explain _____
8. Is your child able to fully participate in all activities? □ Yes □ No Explain _____
9. Does your child have any physical restrictions? □ No □ Yes Explain _____
10. Does your child function at the level of other children in his/her age group? □ Yes □ No Explain _____
11. Is your child able to walk □ Yes □ No
12. Can your child communicate his/her needs? □ Yes □ No
13. Does your child need assistance at meal time? □ No □ Yes Explain _____
14. Does your child rest during the day? □ No □ Yes
15. Is your child toilet trained? □ No □ Yes
16. Does your child use any special equipment, such as a breathing machine, a wheelchair, a hearing aid, braces, glasses etc.? □ No □ Yes Explain _____
17. Does your child require one-to-one care/supervision on a regular basis for a significant period of time? □ No □ Yes Explain _____
18. Does your child require any accommodations or modifications to fully and equally enjoy and participate in a group care setting? □ No □ Yes Explain _____
19. What languages are spoken in your home? □ Yes □ No If so what, _____
20. What activities do you do as a family? _____
21. How would you like to be involved with the school or your child's education? _____
22. Do you have something that reflects your culture and background that you could share with us? _____

Illness History *(please check all that apply)*

□ Vision problems	□ Nosebleeds	□ Seizures
□ Hearing problems	□ Skin rashes	□ Mouth sores
□ Constipation	□ Sore throats	□ Fainting
□ Diarrhea	□ Ear infections	□ Persistent cough
□ Asthma/breathing problems	□ Urinary tract infections	□ Other

Please attach care instructions from your physician for any of these illnesses.

Disease History *(please check all that apply and add the date)*

□ Chicken Pox (Varicella)		□ Bronchiolitis		□ Botulism	
□ Measles Rubeola		□ Pneumonia		□ Haemophilus Influenza	
□ Rubella (German Measles)		□ Pertussis (Whooping cough)		□ Meningococcal Infection	
□ Mumps		□ Tetanus		□ Rabies	
□ Scarlet Fever		□ Diphtheria		□ Bacterial Meningitis	

Allergies *(please list allergy, reaction, medication if applicable, and medical note if applicable)*

Miscellaneous Screenings and Tests *(please check all that apply and add the date of last screening)*

□ Vision		□ Developmental		□ Tuberculosis (PPD)	
□ Hearing		□ Aptitude		□ Sickle Cell Anemia	
□ Speech		□ Educational		□ Other _____	

_____ (Parent/guardian Initial) To the best of my knowledge the information contained above is accurate.

Medical Information *(continued)*

Child's name	Birth date

Child's Medical Care Provider

Primary physician's name	Primary physician's practice name		Phone	
Physician's practice address		City	State	Zip
Preferred hospital/clinic for emergency care			City	State
Dentist's name	Dentist's practice name		Phone	
Dentist's practice address		City	State	Zip

Child's Insurance Provider

Child's health insurance provider name	Policy number	Secondary health insurance provider name	Policy number

Child's Immunization History *(please attach a copy of your child's immunization records)*

Below is a list of immunizations that your child may have received. Immunizations in bold are required by our state. **[Check with your state requirements. You may do this at http://www.immunize.org/states/ Bold any immunization below that is a requirement.]**

Anthrax	Influenza	**Pneumococcal disease**	Smallpox
Diphtheria	Lyme Disease	**Polio**	**Tetanus**
Haemophilus Influenzae type b (Hib)	**Measles**	Rabies	Tuberculosis
Hepatitis A	Meningococcal disease	Rotavirus	Typhoid Fever
Hepatitis B	**Mumps**	**Rubella**	**Varicella (Chickenpox)**
Human Papillomavirus (HPV)	**Pertussis (Whooping Cough)**	Shingles (Herpes Zoster)	Yellow Fever

Additional Medical Policies

	Initial
1. Prior to enrollment, I must provide the center with updated medical and immunization information for my child. This information is to be kept current and updated in accordance with state child care regulations.	
2. I agree to provide information to the child care center about my child's conditions, illnesses, allergies or other needs.	
3. If my child becomes ill with a reportable contagious disease, I understand that he/she will not be able to return until I bring in a physician's note stating that he/she is no longer contagious.	
4. If my child becomes ill during his/her time at the child care center, the staff will contact me to pick up my child. I will arrange for pick up as soon as possible and no later than 2 hours after being contacted. If I cannot be reached, the staff will contact those listed in the *Child Emergency Contact and Release*.	

Emergency Medical Authorization & Consent

	Initial
In case of a medical emergency, the staff will attempt to contact me, those listed in the *Child Emergency Contact and Release*, and lastly my physician.	
In case of a medical emergency, I agree that my child may receive first aid and/or CPR.	
In case of a medical emergency, I permit the transportation of my child to a local hospital or other urgent care facility, if necessary by paramedics or other emergency personnel.	
In case of a medical emergency, I will be responsible for the emergency medical expenses.	
In case of accidental ingestion of a poisonous substance, I consent to my child being treated as directed by the Poison Control Center.	

	Initial
I give my permission to this center to apply □ sunscreen and □ insect repellant to my child. *Please check which products you will permit.*	
I understand that I must supply my own sunscreen and/or insect repellant with a valid expiration date, and it will be labeled with my child's name. I give / do not give permission to Suzy's Little Peanuts to apply non-prescription non-oral medication that I provide on my child.	
I □ have □ do not have special instructions for the application process.	

Enrollment Approval

I certify that I have read, understand, and accept all of the terms and conditions described in this *Enrollment Agreement*. This contract is only good for one year from the date below, upon which time both parties will revisit the agreement with our annual paperwork process.

Primary Parent/Guardian/Sponsor Signature	Date	Director Signature	Date

Preferred Schedule Suzy's Little Peanuts Day School, LLC

Please note we will put together a personalized contract for both parties to agree upon, below will help us understand how we can support your scheduling needs.

Our anticipated start date is: _____

My preferred schedule is as follows….				
Child Name:		Child D.O.B:		Date:
Day of the week child will attend (circle all that apply): M Tu W Th F				
Times of the day my child will attend:				
Monday	Tuesday	Wednesday	Thursday	Friday
Start Time: End Time:	Start Time: End Time:	Start Time: End Time:	Start Time: End Time:	Start Time: End Time:

_____ _____

Primary Parent/Guardian/Sponsor Signature Date