



Date: _____

2010 ADMISSION INFORMATION

Child's Full Name 1. 2. 3.	Date of Birth	Child's Home Phone Number
Child's Address		
Mother's Name	Mother's Phone Number(s) Cell: Work:	Address
Father's Name	Father's Phone Number(s) Cell: Work:	Address
Person we may call in case of emergency	Telephone Number	Relationship
<p>Other persons to whom It's Playtime! is authorized to release this child. Under no circumstances will It's Playtime! release a child to anyone not identified below or not otherwise known to staff without specific authorization from the parent or guardian. Additions or changes to the list of persons appearing below will be made on the appropriate form. The parent or guardian will be certain in each instance that the staff is aware of the child's arrival and departure. (Please state their full name and phone numbers)</p>		

Both parents are authorized to pick up the child I WAS REFERRED BY: _____

My child attends the following school: _____ Phone: _____

Address: _____

Her/His immunization record is on file at the school listed above and all immunizations and tuberculosis test are current. Current vision and hearing screening records are also on file.

Her/His immunization record is NOT on file at any school and I will bring in a copy before the child's 1st visit.

Mother's Driver's License: _____
 Mother's Occupation: _____
 Work Address: _____
 e-mail address: _____

Father's Driver's License: _____
 Father's Occupation: _____
 Work Address: _____
 e-mail Address: _____

Health. Any health or other special situations concerning the child of which It's Playtime! should be aware, such as allergies (including allergies to Neosporin or hydrogen peroxide), existing/pre-existing illnesses, injuries, disabilities, or hospitalization during the past twelve months, or any medications prescribed for a long-term use.

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:

I hereby grant to It's Playtime! permission to take whatever action in its judgment may be necessary to supplying emergency medical services to the above named child. We understand that, consistent with the circumstances of the situation and available time, It's Playtime! will attempt to contact and follow the instructions of the parent or guardian, physician or other person(s), we hereby grant permission to It's Playtime! to contact and comply with the advice of an available physician, ambulance personnel, or emergency room personnel. We hereby agree that we will solely be responsible for and will promptly pay any expenses which may be incurred by It's Playtime! in making emergency medical treatment available to the above named child. We give It's Playtime! permission to transport my child in a vehicle or ambulance in case of an emergency.

Physician: _____ Phone: _____
Address: _____
Hospital: _____ Phone: _____
Address: _____

I give consent for this facility to secure any and all necessary emergency medical care for my child

Signature of Parent or Legal Guardian

My child has been examined within the past year by a healthcare professional and is able to participate in the daycare program.

Name and Address of the Healthcare Professional:

In order to comply with state law, it will be necessary for the parent or guardian to supply It's Playtime! with a physician's Report form, no later than one week after the date actual attendance begins.

Parent's Initials

I acknowledge that I have received a copy of the Operations of It's Playtime!. This is in the form of the Parent Handbook I received.

We hereby grant to It's Playtime! permission for the above named child to take part in all program activities including outdoor activities and the use of all indoor and outdoor equipment. We will require that parents/guardians supply mosquito repellent for his/her child. Please check "yes" or "no" if you would like your child to participate in outdoors activities. Yes _____ NO _____

Check all that apply:

I hereby do give _____ do not give _____ my consent for my child to participate in water activities:

- Sprinkler Play
- Splashing/Wading Pools
- Swimming Pools
- Water Table Play

Mother/Guardian (signature) _____ Date _____