

Tiny Town Childcare Ministries

A Registered Unlicensed Childcare Ministry

Enrollment Form

Entrance Date _____ Withdrawal Date _____

Child's Name _____ Sex _____ Age _____

Date of Birth _____

Home Address (Street) _____

City _____ State _____ Zip _____

Home Phone _____ Daily hours care is desired ____ am to ____ pm.

Father's Name _____ Cell Phone _____

Father's Home Address (if different from child's)

Street _____

City _____ State _____ Zip _____

Employer _____ Phone Number _____

Email _____

Mother's Name _____ Cell Phone _____

Mother's Home Address (if different from child's)

Street _____

City _____ State _____ Zip _____

Employer _____ Phone Number _____

Email _____

Child's Living Arrangements: (check one) () Both Parents () Mother () Father () Other

Child's Legal Guardian: (check one).....() Both Parents () Mother () Father () Other

EMERGENCY or APPROVED PICK UP CONTACTS:

Person to contact in case of emergency when parent(s) or guardian cannot be reached.

Approved pick up people are given permission to pick up your child please let us know which one you would like us to use or both:

1) Name _____ **Phone Number** _____

Relationship to child _____

Emergency, approved pick up, or both _____

2) Name _____ Phone Number _____

Relationship to child _____

Emergency, approved pick up, or both _____

3) Name _____ Phone Number _____

Relationship to child _____

Emergency, approved pick up, or both _____

4) Name _____ Phone Number _____

Relationship to child _____

Emergency, approved pick up, or both _____

MEDICAL INFORMATION:

Child's doctor or clinic name _____

Doctor/Clinic Phone number _____

My child has the following allergies

(A doctor's note should be included stating any allergies or food sensitivities.)

My child is currently on medication (s) prescribed for long-term continuous use and/or has the following *pre-existing illness, **allergies**, or health concerns:*

The following special accommodation (s) may be required to meet my child's needs most effectively while at Tiny Town:

Before any medication is dispensed to my child, I will provide a written authorization, which includes date, name of child, name of medication, prescription number (if any), dosages, date and time of day medication is to be administered. Medicine will be in the **original container with my child's name **(CLEARLY)** marked on it. If it is a prescription, then a copy of the prescription must be provided.

***A copy of your child's birth certificate and an immunization record from your doctor is required for each child's file.**

My child will **NOT** be allowed to enter or leave Tiny Town without being escorted by the parent(s), person authorized by parent(s), or Tiny Town staff.

I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, i.e.: telephone numbers, work information, emergency contacts, child's physicians, child's health status, infant feeding plans and immunization record, etc.

The staff agrees to keep me informed of any incidents, including illness, injuries, adverse reactions to medications, etc., which include my child.

Tiny Town agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the campus, and any water-related activities occurring in water that is more than two (2) feet deep.

I authorize Tiny Town to obtain emergency medical care for my child when I am not available.

I understand that Tiny Town will advise me of my child's progress and issues related to my child's care and any individual practices concerning my child's special needs. I also understand that my participation is encouraged in the campus activities as needed.

Signed _____ Date _____
(Parent) or (Guardian)

Signed _____ Date _____
(Parent) if applicable

Signed _____ Date _____
(Tiny Town Director)