

Instructions: The parent/guardian should complete this form for placement in the child's file prior to the child's first day of attendance. A review by parents/guardians and staff should occur every 6 months or when needed. This form must remain with the child during the hours the child is present in the child care center. Personal information you provide may be used for secondary purposes (privacy Law, S. 15.04(1)(m), Wisconsin Statutes).



COMMUNITY LEARNING CENTER ENROLLMENT, HEALTH HISTORY AND EMERGENCY CARE PLAN

CHILD INFORMATION

Name (Last, First, MI)	Address Child Resides At-(Street, City, Zip Code)	
Telephone Number ()	Birthday (MM/DD/YYYY)	First Day of Attendance (MM/DD/YYYY)

PARENT OR GUARDIAN INFORMATION Provide information where the parent(s)/guardian(s) may be reached while the child is in care.

PARENT OR GUARDIAN--All parents/guardians are permitted to visit during center hours unless access is prohibited or restricted by a court order. Attach court order, if any.

Name	Home/Cell Phone Number ()	Work Phone Number ()	Email Address While Child Is In Care
Address--Home (Street, City, State, Zip Code)		Address-Work (Street, City, State, Zip Code)	
Name	Home/Cell Phone Number ()	Work Phone Number ()	Email Address While Child Is In Care
Address--Home (Street, City, State, Zip Code)		Address-Work (Street, City, State, Zip Code)	

PERSONS OTHER THAN PARENTS/GUARDIANS WHO ARE AUTHORIZED TO PICK UP CHILD--Provide information requested for each person. If no one, write "None".

Relationship to Child	Name	Home/Cell Phone Number ()	Email Address While Child Is In Care
Address--Home (Street, City, State, Zip Code)		Place of Employment and Work Phone Number OR where reachable while Child Is In Care	
Relationship to Child	Name	Home/Cell Phone Number ()	Email Address While Child Is In Care
Address--Home (Street, City, State, Zip Code)		Place of Employment and Work Phone Number OR where reachable while Child Is In Care	

EMERGENCY CONTACT--Provide information for the person to contact when parents/guardians cannot be reached.

Yes No This person is authorized to pick up the child.

Relationship to Child	Name	Home/Cell Phone Number ()	Email Address While Child Is In Care
Address-Home (Street, City, State, Zip Code)		Place of Employment and Work Phone Number OR where reachable while Child Is In Care	

PHYSICIAN/MEDICAL FACILITY INFORMATION

Name-Physician	Address-Medical Facility (Street, City, State, Zip Code)	Telephone Number ()
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USE DARK INK--PRINT CLEARLY

Staff/Parent Review Dates: _____

Over



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1. Check any special medical condition that your child may have.

- | | | | | | |
|------------|-----------|---|------------|-----------|-------------------------------|
| Yes | No | Specific medical condition | Yes | No | Cerebral palsy/motor disorder |
| Yes | No | Asthma | Yes | No | Diabetes |
| Yes | No | Epilepsy/Seizure disorder | | | |
| Yes | No | Emotional/behavior disorders including ADD or ADHD, Cognitively disabled, Learning Disabled, Autism or other conditions: Specify | | | |
| Yes | No | Other conditions(s) requiring special care--Specify | | | |
| Yes | No | Gastrointestinal or feeding concerns including special diet and supplements: Specify | | | |
| Yes | No | Food allergies: Specify foods and include on physical form | | | |
| Yes | No | Milk allergy-If your child is allergic to milk, attach a statement from the medical professional indicating the acceptable alternative and include on physical form | | | |
| Yes | No | Non-food allergies: Specify | | | |

2. Triggers that may cause problems--Specify.

3. Signs or symptoms to watch for--Specify.

4. Steps the child care provider should follow. If medications are necessary, a copy of Authorization to Administer Medication should be attached to this form.
 Note: Group child Care Centers and Day Camps may use their own form. Indicate any child care staff who have received specialized training/instructions to help treat symptoms.

A. _____ B. _____ C. _____

5. When to call parents regarding symptoms or failure to respond to treatment.

6. When to consider that the condition requires emergency medical care or reassessment.

7. Additional information that may be helpful to the child care provider.

8. Identify any child care staff to whom you have given specialized training/instructions to help treat symptoms:

A. _____ B. _____ C. _____

Use arrival / departure time on each day. Any changes will be made on a schedule change form and kept in the child's file

Monday	Tuesday	Wednesday	Thursday	Friday

SUN SCREEN / INSECT REPELLENT AUTHORIZATION - If provided by the parents, the sunscreen or insect repellent shall be labeled with the child's name per DCF 251.07 (6)(f)(2)., Authorizations shall be reviewed every 6 months or as necessary per DCF 250.07(6)(f)2.a.

- | | | | | |
|-----|----|---|-------------------|----------------------------|
| Yes | No | I authorize the center to apply sunscreen to my child. | Brand Name: _____ | Ingredient Strength: _____ |
| Yes | No | I authorize the center to allow my <u>School age child</u> to self-apply sunscreen. | Brand Name: _____ | Ingredient Strength: _____ |
| Yes | No | I authorize the center to apply Insect repellent to my child. | Brand Name: _____ | Ingredient Strength: _____ |
| Yes | No | I authorize the center to allow my <u>School age child</u> to self-apply Insect repellent | Brand Name: _____ | Ingredient Strength: _____ |
| Yes | No | I give permission for my child's picture to be taken while in your care. | | |
| Yes | No | I hereby give my consent for emergency medical care or treatment to be used only if I cannot be reached immediately. | | |
| Yes | No | I have had an opportunity to review the policies of this day care center and a summary of the Wisconsin Rules for Licensing Day Care Centers. | | |
| Yes | No | I give permission for my child to participate in field trips and other activities during operation hours. _____Transported _____ Walking | | |
| Yes | No | I have been informed of the number of pets in the center and their degree of contact with the enrolled children. | | |
| Yes | No | If pets are added, I will be informed in writing prior to the pets addition to the center. | | |

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SIGNATURE--PARENT OR GUARDIAN

DATE SIGNED

↓ OVER

USE DARK INK--PRINT CLEARLY

↓ OVER