

A MOM'S VILLAGE DROP AND GO BABYSITTING

ENROLLMENT FORM

Child's Information

Name: _____ Date of Birth: _____

Nickname: _____

Child's Home Address: _____

Home Phone Number: _____

Parent/Guardian Information

Parent/Guardian Name: _____

Relationship to Child: _____

Home Address: _____

Reachable Phone Number: _____

Email Address: _____

Parent/Guardian Name: _____

Relationship to Child: _____

Home Address: _____

Reachable Phone Number: _____

Email Address: _____

Additional Information

Child's Physician: _____

Address: _____ Phone Number: _____

Allergies/Special Diets? _____

Special limitations or concerns? _____

I certify that physical examination and immunizations in accordance with public school health requirements and lead poisoning screening in accordance with public health requirements are on file at my child's school.

Parent's Signature/Date: _____

DIAPERING AND PHOTO RELEASE

Dear Parents,

We need permission to administer/apply the following to your child

_____ (Child's name)

I give the staff of A Mom's Village permission to change my child's diaper and apply diaper cream if needed. I also give them permission to assist my child in the bathroom (if developmentally appropriate) and assist in cleaning them after toilet use. I understand that it is my responsibility to provide diapers, wipes and diaper cream. I understand that all items must be provided in their original, labeled containers.

_____ (Parent's Signature/Date)

We also need permission to take photos and/or videos of your child.

Please only check one box.

- Yes, in school use only. Yes, ok to use on-line (facebook/website etc.) and in school
 No, I would not like my child's photo used in any way.

Parent's Signature/Date: _____

FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM

Child's Name: _____ Date of Birth: _____

I authorize staff in the child care program who are trained in the basics of first aid/CPR to give my child first aid/CPR when appropriate. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to _____, and to secure necessary medical treatment for my child.

Child's Physician Name: _____

Address: _____

Phone Number: _____

Child's Allergies: _____

Chronic Health Conditions: _____

Emergency Contacts (In order to be contacted)

Name _____

Address _____

Relationship to child _____

Home Phone _____ Cell Phone _____

Do you give permission for child to be released to this person? Yes _____ No _____

Name _____

Address _____

Relationship to child _____

Home Phone _____ Cell Phone _____

Do you give permission for child to be released to this person? Yes _____ No _____

Name _____

Address _____

Relationship to child _____

Home Phone _____ Cell Phone _____

Do you give permission for child to be released to this person? Yes _____ No _____

Health Insurance Coverage _____

Policy # _____ Parent/Guardian Name: _____

Phone _____ Cell _____

Parent/Guardian Name: _____ Phone _____

Cell _____

Parent's Signature/Date: _____

DEVELOPMENTAL HISTORY AND BACKGROUND INFORMATION

Child's Name: _____ DOB: _____

Please provide information for Infants and Toddlers (marked *) as appropriate to the age of your child.

DEVELOPMENTAL HISTORY

Is your child sitting up?: _____ crawling?: _____ walking?: _____

talking?: _____ *Does your child pull up? _____

Any speech difficulties?

*Does your child use pacifier or suck thumb? _____

Allergies i.e. asthma, hay fever, insect bites, medicine, food reactions:

*Is your child allowed in the following : baby seat Y/N baby swing Y/N
exersaucer/jumper Y/N monitored tummy time Y/N

EATING HABITS

*Does your child drink from a bottle? _____

*Special bottle preparations _____

* Is your child fed held in lap? _____ High chair? _____

TOILET HABITS *Are disposable or cloth diapers used? _____

*Is there a frequent occurrence of diaper rash? _____

*Do you use: oil: _____ powder: _____ lotion: _____

other: _____

*Has toilet training been

attempted? _____

*Please describe any particular procedure to be used for your child at the center:

*What is used at home? Pottychair? _____ Special child seat? _____ Regular seat?

*How does your child indicate bathroom needs (include special words):

Is your child ever reluctant to use the bathroom?

Does your child have accidents?

SOCIAL RELATIONSHIPS

How would you describe your child?

Reaction to strangers: _____

Able to play alone? _____

Favorite toys and activities:

How do you comfort your
child? _____

Is there anything else we should know about your child?

RELEASE FORM for (Child's Name) _____

Please list all individuals (in addition to yourself) who are allowed to pick up your child from A Mom's Village. The babysitting staff will check ID's of individuals on this list and are not permitted to release a child to an individual who is not on this list.

Name _____
Address _____
Relationship to child _____
Home Phone _____ Cell Phone _____

Name _____
Address _____
Relationship to child _____
Home Phone _____ Cell Phone _____

Name _____
Address _____
Relationship to child _____
Home Phone _____ Cell Phone _____

Name _____
Address _____
Relationship to child _____
Home Phone _____ Cell Phone _____

Name _____
Address _____
Relationship to child _____
Home Phone _____ Cell Phone _____

Name _____
Address _____
Relationship to child _____
Home Phone _____ Cell Phone _____

Name _____
Address _____
Relationship to child _____
Home Phone _____ Cell Phone _____

I have received and read the A Mom's Village Drop and Go policies form.

Child's Name

Print Name

Signature

Date