



# Child Enrollment Form

Enrollment Date: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Days Attending: • Mon • Tues • Wed • Thurs • Fri Parents Work Hours: \_\_\_\_\_

Type of Account: • Private • DHS • Tribal • CAP Payment Schedule: • Weekly • Bi-Weekly • Monthly

<p style="text-align: right;">Authorized Caregiver:</p> <p>Relationship to Child: • Biological • Step-Parent          • Foster • Adopted          • Other _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____ ST _____ Zip _____</p> <p>Cell#: _____ Cell Carrier: _____</p> <p>Email: _____</p> <p>Place of Employment: _____</p> <p>Work#: _____ ext: _____</p> <p>Driver License#: _____ ST _____</p>	<p style="text-align: right;">Authorized Caregiver:</p> <p>Relationship to Child: • Biological • Step-Parent          • Foster • Adopted          • Other _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____ ST _____ Zip _____</p> <p>Cell#: _____ Cell Carrier: _____</p> <p>Email: _____</p> <p>Place of Employment: _____</p> <p>Work#: _____ ext: _____</p> <p>Driver License#: _____ ST _____</p>
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The following individuals are authorized to be notified in case of an emergency and pick up this child from Big Hearts Little Hands:

	Emergency/Pick #1		Emergency/Pick #2		Emergency/Pick #3	
<b>Name of Person</b>						
<b>Relationship to Child</b>						
<b>Emergency Contact</b>	Yes	No	Yes	No	Yes	No
<b>Cell Number</b>						
<b>Driver License #</b>						

I authorize Big Hearts Little Hands to administer CPR/First Aid to this child and/or take them to a nearby medical facility in case of an emergency. This form also serves a release for the treating facility to perform the necessary procedures for this child in case I am unable to be reached or present at the time of initial treatment.



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\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

Court Orders on File: • Yes • No

### Cultural Diversity and Awareness:

I would like to share with my child’s class our family cultures and/or traditions • Yes • No

### Immunization Record:

A copy of your child’s immunization record is required to be maintained on file. An immunization record or exemption must be obtained by Big Hearts Little Hands by the first day of attendance and is required to be updated when the child receives additional vaccinations. **Parent/guardian must provide a copy of the current updated immunization record to Big Hearts Little Hands.**

### Health Record:

\_\_\_\_\_  
Child’s physician/clinic

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

OK

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Insurance Carrier

\_\_\_\_\_  
Policy #

• I understand a Medication Permission Record must be signed by a parent/guardian prior to the administration of any medication to my child.

Does your child have any known allergies? • Yes • No  
If yes, list allergies and reaction

Does the known allergy require any special precautions, actions or medication? • Yes • No  
If yes, please explain

Are there any special considerations that would assist the staff in providing care to your child? • Yes • No  
If yes, please describe

Will your child receive any specialized services from professionals outside of Big Hearts Little Hands? • Yes • No



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- If yes, I understand a signed and dated parent/guardian permission is required

I give permission to Big Hearts Little Hands to complete health/development screenings for speech development testing, hearing and vision testing, and/or physical or occupational therapy. These screening will be conducted by Big Hearts Little Hands personnel or by an outside professional agency. • Yes • No

**Transportation:**

What school does your child attend? \_\_\_\_\_

When will they need care? • Before school only • Before and After school • After school only

- I give Big Hearts Little Hands permission to transport my child under the following circumstances:

Select all that apply:

- To and from above named school
- Field trips
- In case of an emergency and I cannot be reached
- Other, Specify:

Specific instructions or plans for your child during transport:

Annual Review: Please review enrollment form for accuracy, if no changes needed to be made please sign and date below.

Date	Signature