ST PETER CATHOLIC SCHOOL Child Enrollment Authorization

Child's Name (Last, First)			Child Nickname
Date of Birth	Date Entered Care		Age at Entry

ALLERGY ALERT **Does your child have allergies? ☐ YES ☐ NO If yes, list all allergies on back side of form.**

Parent or Guardian Contact Information

Name (First, Last)			Relationship
Home Address (Street, City, Zip)			
Home Phone	Cell Phone	Email Address	
Employer and Work Hours	Address (Street, City, Zip)		Work Phone
Name (First, Last)			Relationship
Home Address (Street, City, Zip)			
Home Phone	Cell Phone	Email Address	
Employer and Work Hours	Address (Street, City, Zip)		Work Phone

Required Emergency Contact Information – person other than parent or guardian that is authorized to pick up child

Name (First, Last)	Phone	Relationship
Name (First, Last)	Phone	Relationship

Non-Emergency Contact Information – person other than parent or guardian that is authorized to pick up child

Name (First, Last)	Phone	Relationship
Name (First, Last)	Phone	Relationship

Medical/Dental Contact Information

Insurance Provider and Policy Information (if applicable)	
Primary Physician Name	Phone
Dental Provider	Phone

Parent or Guardian Authorization

Please list any restrictions to permission of the following:

My child may be taken on field trips or excursions by bus or private motor vehicle, as well as on neighborhood walking excursions under required supervision (see special transportation arrangements section on back of form). ☐ Yes ☐ No

My child may participate in swimming or other water activities under required supervision (OCC requires approved lifeguard). ☐ Yes ☐ No

My child may be photographed for publicity or news purposes ☐ Yes ☐ No This applies to ☐On-site ☐ Off-site photography.

In an emergency, the child care facility has my permission to call an ambulance, or take my child to any available physician or hospital at my expense to obtain medical treatment. In most emergencies, 911 is called and the child is transported to the nearest hospital and treated by the on-call physician. The parent or guardian of the child is notified as soon as possible.

______________________________ ____________________
Parent/Guardian Signature Date

Child Information

Has your child previously been in child care? No ☐ Yes ☐ **If yes, what type of care and for how long?**
Reason for requesting care
Child General Information – please include all information that will assist us in providing quality care for your child
Likes and dislikes
Eating habits and schedule
Toileting habits and schedules
Sleeping habits and Schedule
Play
Fears
How your child like does to be comforted when upset?
Child's home language
Special word and their meanings
Are there family cultural backgrounds, traditions, beliefs, or interests that you would like to share with us?
Does your child have any educational special needs (IFSP, etc.) No ☐ Yes ☐ If yes, List any health partners or providers you would like us to know about.
Child Medical Information
Does your child have special medical needs? No ☐ Yes ☐ If yes, List any health partners or providers you would like us to know about.
Does your child have allergies No ☐ Yes ☐ If, yes list below Has your child had chicken pox No ☐ Yes ☐
Other Children in the Home

Name (first, Last)	Age	Gender
Name (first, Last)	Age	Gender
Name (first, Last)	Age	Gender
Name (first, Last)	Age	Gender

ST PETER CATHOLIC SCHOOL

Medical Authorization for Non-Prescribed Medications

Child's Name:___________________________________

All over the counter medications including topical substances shall be in the original container and labeled with the child's name. My child may be given non-prescribed medication. This may include the following:

Medication	Yes	No	Medication	Yes	No
Acetaminophen	☐ Yes	☐ No	Ibuprofen	☐ Yes	☐ No
Antibiotic cream	☐ Yes	☐ No	Insect Repellent	☐ Yes	☐ No
Antihistamine	☐ Yes	☐ No	Lip Balm	☐ Yes	☐ No
Antiseptic wipes/gel	☐ Yes	☐ No	Rash Ointment/Cream	☐ Yes	☐ No
Baby Lotion	☐ Yes	☐ No	Saline Nose Drops	☐ Yes	☐ No
Baby Oil	☐ Yes	☐ No	Shampoo	☐ Yes	☐ No
Baby Powder	☐ Yes	☐ No	Sunburn Ointment	☐ Yes	☐ No
Cough Syrup	☐ Yes	☐ No	Sunscreen	☐ Yes	☐ No
Diapering Ointment	☐ Yes	☐ No	Teething medications	☐ Yes	☐ No
Diaper Wipes	☐ Yes	☐ No	Toothpaste	☐ Yes	☐ No
Hydrocortisone	☐ Yes	☐ No	Petroleum Jelly	☐ Yes	☐ No

Other:
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PARENT/GUARDIAN SIGNATURE   DATE