



ENROLLMENT FORM

Child's Name: _____ **DOB:** _____ **Gender:** _____

Contact 1:

Name: _____ **Relationship:** _____

Address: _____

Cell#: _____ **Work#:** _____ **Email:** _____

Contact 2:

Name: _____ **Relationship:** _____

Address: _____

Cell#: _____ **Work#:** _____ **Email:** _____

AGREEMENTS:

- I have read and understood the KinderHaus Parent Handbook..... Yes No
- Photos of my child may be used for the purpose of promotional material and can appear in KinderHaus newsletters, website, Facebook, Instagram and external advertising..... Yes No
- I understand that I need to provide a Medical Record Form from my child's pediatrician before the start of the program, and thereafter every 12 months..... Yes No
- I provided information on my child's special needs to the program to assist in caring for my child Yes No N/A
- Check boxes below to indicate if your child has any special needs/services:
None Early Intervention/Special Education Occupational Therapy Speech/Language
Physical Therapy Allergies (please list) _____
- I understand that I must fill out the Individual Health Care Plan if my child has an allergy and that I must renew the Individual Health Care Plan every 6 months afterwards Yes No
- The staff of KinderHaus may take my child into the backyard..... Yes No
- I consent for my child to take part in neighborhood trips (e.g. library, park and playground) Yes No
- Field trips may require public transportation on the bus or subway..... Yes No
- I will provide, if needed, diaper ointment, sunscreen and insect repellent, and the staff of KinderHaus may apply them on my child..... Yes No
- I understand that my child, while under the care of KinderHaus, will be sleeping/napping on a mat in the classroom of the provider's home..... Yes No
- If my child is an infant, my child will be placed on his or her back to sleep..... Yes No

EMERGENCY CONTACTS & ESCORT INFORMATION:

Please add ALL people authorized to pick up your child (including each parent, if applicable).

Name	Relationship	Telephone Number

NON-MEDICATION CONSENT FORM:

- 1) One form must be completed for each over-the-counter product (such as bug repellent, diaper ointment and sunscreen). Multiple products cannot be listed on one form.
- 2) If parent's instructions differ from the instructions on the product's packaging, permission must be received from a health care provider or licensed authorized prescriber.

1. Name of product (including strength):	
2. Amount to be administered:	
3. Route of administration:	
4. Frequency to be administered, include times of day if appropriate:	
5. Possible side effects: AND/OR additional side effects:	<input type="checkbox"/> See product label for complete list of possible side effects (parent must supply)
6. What action should the child care provider take if side effects are noted AND/OR other (describe):	<input type="checkbox"/> Contact parent
7. Special instructions: AND/OR additional special instructions:	<input type="checkbox"/> See package insert for complete list of special instructions (parent must supply)
8. Reason(s) for use (unless confidential by law):	

Parent/Guardian Name: _____ Signature: _____ Date: ___/___/___

Parent/Guardian Name: _____ Signature: _____ Date: ___/___/___