Enrollment Form

Personal Information

Child Name _____

Child DOB _____

Child Gender _____

Address _____

Parent 1 Name _____

Parent 1 Phone _____

Parent 2 Name _____

Parent 2 Phone _____

Hours of care: _____am to _____pm

Days of care: ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri

Meals served: ☐ Breakfast ☐ AM snack ☐ Lunch ☐ PM snack

Emergency Contact

Name _____

Address _____

Phone _____

Relationship _____

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Persons Authorized to Pick-up Child

Name	Relationship	Phone

Sleeping and Napping Arrangement

I understand that my child _____, while under the care of Mbumwae Smith, will be napping in a crib in the living room or playroom of the provider's home. He or she will be supervised. If my child is an infant, I also understand that my child will be placed on his/her back to sleep.

Consent for Emergency Medical Treatment

I do hereby give authority to the day care program staff to obtain necessary emergency medical treatment for my child _____, with the understanding that the family will be notified as soon as possible.

Permission for Outdoor Activities

The provider Mbumwae Smith and staff may take my child _____ for short walking trips to neighborhood parks as part of the day care program activities.

Parent name: _____

Signature: _____ Date: _____

Feeding Schedule

Child Name _____

Child DOB _____

Parent Name _____

☐ I will supply the on-site provider with ____ bottles of prepared formula type _____, to be fed ____ times a day.

☐ I give permission to the on-site provider to prepare ____ bottles of formula type _____, to be fed ____ times a day.

☐ I will also provide:

- ☐ ____ bottles of _____, to be fed ____ times a day.
- ☐ ____ servings of _____, to be fed ____ times a day.

Additional Notes:

Signature: _____ Date: _____

Topical Ointments

Child Name _____

Child DOB _____

Parent Name _____

Parent gives permission to the on-site provider to apply the following:

- ☐ Diaper cream type _____, to be applied ____ times a day OR ☐ as needed
- ☐ Sunscreen type _____, to be applied ____ times a day OR ☐ as needed
- ☐ Insect repellent type _____, to be applied ____ times a day OR ☐ as needed

Products will be supplied by:

- ☐ Parent
- ☐ Provider

Reminder: This program does not administer prescribed ointments/creams or medications.

Additional Notes:

Signature: _____ Date: _____