

# ALL SUPERSTARS ENROLLMENT FORM

2020

## Child Information

Child's Last Name ..... First Name .....

Date of Birth ..... Date of Enrollment.....

Scheduled days to attend (please circle): M T W Th F S

Approximate times to attend: From ..... To.....

Meals served while in care: Breakfast Lunch PM Snack

## Family Information

Custody (please circle): Mother Father Both Other (please specify) .....

Mother's Name..... Father's Name.....

SS Number..... SS Number.....

Address..... Address.....

Cell phone..... Cell phone.....

Work phone..... Work phone.....

Employer..... Employer.....

If you would like us to take photos of your child to send to you during the settling in period, please supply us with your e-mail address.....

## Medical Information and Emergency Medical Consent and Care

I hereby grant permission for the staff at this facility to contact my following choices of medical personnel to obtain emergency medical care if needed. If staff deem necessary, they will contact an alternative.

Doctor..... Phone.....

Dentist..... Phone.....

Hospital Preference.....

Please list allergies, special medical or dietary needs, .....

To comply with DCF regulations, please fill out the section below to your best ability. If your child has known allergies, please specify symptoms that would indicate the need to administer treatment, to include names, doses and methods of prompt administration of any medications. Parents of Einsteins and Zebras: Whenever we travel away from the center with your child, we will have these medications with us, as well as these directions.

Contacts

Your child will only be released to the custodial parent(s) or legal guardian(s) and the persons listed below. The following people will be contacted in case of any emergency should we be unable to reach the custodial parent(s):

Name.....Address.....Phone.....

Name.....Address.....Phone.....

Name.....Address.....Phone.....

When you sign below, you are signing that -

- \* You have received the DCF "Know Your Child Care Facility" brochure as well as our Parent Handbook.
- \* You have read our discipline policy, including our disenrollment policy, which is in the Parent Handbook and posted in the office.
- \* You consent for child care personnel to have access to your child's records.
- \* You will provide, within 30 days of enrollment, your child's physical exam (Form 3040) as well as his or her current immunization record (Form 680). Your pediatrician will be familiar with these forms. These must be updated when needed.
- \* You understand, that, because of the above and, because of the federal law permitting religious exemptions, there may be children who are not immunized attending this or any licensed child care center.
- \* You permit us to apply sunscreen and/or diaper rash cream, if you supply it, to your child according to the manufacturer's directions.
- \* You understand that we believe open toed shoes or sandals as well as jewelry are unsuitable for children to wear at our center and, if your child wears them, we will not be held liable for any injury that may occur as a result.
- \* You give permission for your child to be photographed and or filmed and understand that your child's photo may appear in newspaper articles or on All Superstars' website, Facebook page or other professional or community publications.
- \* You give permission for your child to participate in food related activities. These are posted either as a part of the curriculum, on party notifications, or on the posted menu.
- \* Parents of school age and VPK children: please note that, in signing this form, you are enrolling your child at all 3 sites. This is purely for our transportation needs, as we use drivers and vehicles from all 3 licensed sites.

I agree to all the above terms and conditions as well as those in the Parent Handbook.

Parent/Guardian signature .....Date .....

You will be required to update this form annually but please notify us immediately of any changes to your information.

Please tell us how you heard about us. If you were recommended by someone whose child attends here, please supply us with his or her name.....

<b>ANNUAL UPDATE (SIGN EVERY AUGUST)</b>	
Annual Update Parent/Guardian Signature .....	Date .....
Annual Update Parent/Guardian Signature .....	Date .....
Annual Update Parent/Guardian Signature .....	Date .....