

Kelly's Day Care Enrollment Form

10175 Woodrose Lane Highlands Ranch, CO 80129 (303) 346-0012

Date of Enrollment _____

Child's Name _____ Nickname _____

Home Address _____

Home Phone _____ Sex M F (circle one)

Date of Birth _____

Child's brothers and sister (Names and Ages)

Parents: Married/living together Separated Divorced (circle one)

Mother or Guardian's Name _____

Address if different from child _____

City _____ State _____ Zip code _____

Home Phone _____ Cell _____

Work Phone _____ Email address _____

Name of Employment _____

Address of Employment _____

Father or Guardian's Name _____

Address if different from child _____

City _____ State _____ Zip code _____

Home Phone _____ Cell _____

Work Phone _____ Email address _____

Name of Employment _____

Address of Employment _____

Special instructions for reaching parent or guardian

Emergency Contacts

If I cannot reach the mother, father, or guardian please list below whom to call in case of an emergency or urgent matter:

1. Name _____ Home Phone _____

Address _____

Work Phone _____ Cell Phone _____

Relationship to child _____

2. Name _____ Home Phone _____

Address _____

Work Phone _____ Cell Phone _____

Relationship to child _____

Child Pick Up Information

Persons authorized to pick up your child (Must show photo ID and at least 18 years old)

1. Name _____ Home Phone _____

Address _____

Work Phone _____ Cell Phone _____

Relationship to child _____

2. Name _____ Home Phone _____

Address _____

Work Phone _____ Cell Phone _____

Relationship to child _____

3. Name _____ Home Phone _____

Address _____

Work Phone _____ Cell Phone _____

Relationship to child _____

Name, address, and phone number of child's doctor _____

Name, address, and phone number of child's dentist _____

Name, address, and phone number of child's specialists (please list type of specialty) _____

Hospital of Preference (Please check one)

- Littleton Adventist Hospital
7700 South Broadway
Littleton, CO 80122
(303) 730-8900

- Children's Hospital of Denver
13123 East 16th Ave.
Aurora, CO 80045
(720) 777-1234

- Children's Hospital of Highlands Ranch
1811 Plaza Drive
Highlands Ranch, CO 80129
(720) 478-1234

Other _____

Chronic Medical Conditions _____

Does your child have a written health care plan for any medical needs/conditions/illnesses? _____ **If yes, the written health care plan must be provided before the first day your child is in care. The day care will need time to review and approve the health care plan. This is NOT the same as a Health Insurance Plan.**

Child's Health Insurance Plan _____

Policy Number _____

Health Insurance Phone Number _____

Is your child fully immunized? _____ **Completed immunization records must be provided on or before the first day the child is in care. Kelly's Day Care**

requires all children in care to be fully immunized unless for medical reasons. Please request the Medical Exemption Form if this is the case.

Food Allergies _____

Special Eating Habits _____

Health History (Chronic or Recurring)- write yes or no

Ear Infections _____

Diabetes _____

Heart Disease/defect _____

Convulsion/seizures _____

Asthma _____

Nosebleeds _____

Measles _____

Mumps _____

Chicken Pox _____

Flu or Flu Shot _____

Allergies (Nature of Reaction)

Hay Fever _____

Plant Poisoning _____

Insect stings _____

Penicillin _____

Other Drugs _____

Animals _____

Food _____

Other _____

For the Health History and Allergies please make comments here that you find important for me to know _____

Operations or serious injuries (Dates as well) _____

Is the child on any medications? (Names of Medications and please explain what is for)

(Additional paperwork is required for children who take medication while at the day care. Please ask your provider for the appropriate forms)

Physical Limitations _____

Dietary limitations _____

(Please request additional paperwork for dietary limitations)

Vision Problems _____

Hearing Problems _____

Speech or Language Delay _____

Behavioral Concerns _____

Special Needs _____

Any concerns you are having with your child _____

Are there any activities that you prefer your child NOT to participate in?

Potty Trained: Yes No In Progress (circle one)

If your child is in the potty training process, please discuss with your day care provider and request literature on our potty training process.

Does your child require assistance in the bathroom: Yes No (circle one)

If yes, please explain the specific assistance they require:

Preferred use for drinks: Bottle (for under 1 years old) Sippy Cup Regular Cup (circle one)

*****If you have custody papers, I must have a copy of any custody paperwork/court orders prior to care*****

Please list any comments you feel is important that I should know about your child:

Kelly's Day Care prefers for all paperwork to be turned in at least several days prior to care. This will give us the necessary time to review and enter all data in order to approve your child/children for care. Once your enrollment packet is reviewed, an email confirmation will be sent to you with approval status.

Please sign on the following page, thank you!

Please sign below agreeing that the information above on your child's enrollment form is correct. If there are any changes, please notify Kelly's Day Care immediately to fill out a new enrollment form or update form. The enrollment form is required to be updated annually regardless if there is a change or not.

X _____

Signature of Parent or Guardian Date _____

X _____

Signature of Parent or Guardian Date _____

Notary:

State of _____, County of _____

On _____ (date) before me, a Notary Public, in and for said State, personally appeared

_____ **(list all names of persons signing contract) proved to me with satisfactory evidence to be the person/persons named signing Kelly's Day Care contract. I have witnessed all signatures above.**

X _____

Notary Signature

My commission expires on _____

Seal