Special Parent Advocacy Group

Child Enrollment Form

Child's Name: _____

Nickname: _____ D.O.B.: _____

Home Address: _____

Primary Phone: _____ Secondary Phone: _____

Father's Name: _____

Address, if different from child: _____

Home Phone: _____ Mobile Phone: _____

Employer: _____ Work Phone: _____

Work Address: _____

Work Schedule: _____

Mother's Name: _____

Address, if different from child: _____

Home Phone: _____ Mobile Phone: _____

Employer: _____ Work Phone: _____

Work Address: _____

Work Schedule: _____

Emergency Contacts:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Doctor/Clinic Information:

Child's Doctor: _____

Name of Clinic: _____

Address: _____

Special Parent Advocacy Group

Phone: _____ Fax: _____

Dentist's Name: _____

Dental Clinic: _____

Address: _____

Phone: _____ Fax: _____

_____ _____

Sign Date

_____

Relationship to Child

**** Do Not Write Under This Line ****

Enrollment Date: _____

Agent: _____ Position: _____

Child Start Date: _____

Attendance Schedule: _____

Special Needs/Instructions: _____

SPAG Transportation: Yes: _____ No: _____ Route: _____

_____ _____

Sign Date

Withdrawal Date: _____

Agent: _____ Position: _____

Last Day: _____

_____ _____

Sign Date

Special Parent Advocacy Group

Family Information

Person(s) Designated to pick up child other than parent(s):

Name: _____ Phone: _____

Name: _____ Phone: _____

Person(s) NOT permitted to pick up child:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Demographics:

Primary Language spoken at home: _____

List any other children in the family:

Name: _____ Age: _____ Sex: _____

Name: _____ Age: _____ Sex: _____

Name: _____ Age: _____ Sex: _____

Name: _____ Age: _____ Sex: _____

Name: _____ Age: _____ Sex: _____

List other adults living in the home:

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

List any pets in the home and their names, including therapy pets: _____

_____

List previous experience in day care, including the name of facility, dates attended and type of care provided (such as family day care, day care center, nursery school, nanny):

_____

_____

_____

_____

Special Parent Advocacy Group

Medical Declaration Statement for School-Aged Child Care

Child's Full Name: _____

Date of Birth: _____ Grade: _____

Child's Official Diagnosis: _____

Age when diagnosed: _____

Is your child under any medical/physical restrictions? Yes _____ No _____

If yes, check all that apply:

_____ Asthma _____ Diabetes _____ Convulsions/Seizures _____ Hearing Loss

_____ Heart Condition _____ Liver Disease _____ High Blood Pressure _____ Heart Disease

Other (please be specific): _____

Is your child taking medication? Yes _____ No _____

If yes, please list all medications and dosages: _____

_____

_____

Has your child been under a doctor's care or hospitalized within in the last 3 years?

Yes _____ No _____

If yes, please explain: _____

_____

_____

Is your child up to date on immunizations? Yes _____ No _____

If not, please explain why: _____

_____

Is your child allergic to any medications, foods, insect bites, or anything that may not have been mentioned? Yes _____ No _____

If yes, please explain: _____

_____

Special Parent Advocacy Group

Physician's Name: _____ Phone: _____

Address: _____

As the parent/guardian of the above mentioned child who will be attending this program, I certify that he/she is in good physical health and may participate in all of the activities of the Family Child Care Program as designated by Special Parent Advocacy Group, except as noted above.

_____ _____

Sign Date

_____

Print Name

Special Parent Advocacy Group

Emergency Treatment Information and Authorization

I (name of parent/guardian) _____ do hereby agree to the administration of emergency medical treatment to my child (name of child) _____, date of birth _____, by a duly qualified health practitioner in my absence. I authorize (name of provider/organization) _____ to arrange for such emergency treatments until such time as I can be present.

_____ _____

Sign Date

_____

Print Name

What (if any) illness(es) has your child had in the past month? _____

What is your child's disability/diagnosis? _____

Is your child now taking any type of medication? _____

If yes, please explain: _____

_____

_____

Is your child allergic to any medications, foods, insect bites, or anything that may not have been mentioned? _____

If yes, please explain: _____

_____

_____

Please list any chronic health problems or handicaps your child has, such as seizures, asthma, diabetes, heart disease, respiratory illness, high blood pressure:

Special Parent Advocacy Group

_____

_____

_____

Parent's hospitalization insurance or medical assistance plan:

Name of Insurance/Company: _____

Identification Number: _____

Policy is in name of: _____

Customer Service Phone Number: _____

Special Parent Advocacy Group

Personal Information Record for School-Aged Children

Child's Name: _____ Age: _____

1. What does your child usually prefer to do after arriving home from school?

_____

_____

_____

2. What is your child's favorite snacks?

_____

_____

_____

3A. Does your child have a strong dislike for certain foods? _____

If so, what? _____

3B. Are there any foods your child is not permitted to eat? _____

If so, please explain: _____

_____

_____

4. Do you wish to have your child complete homework assignments while in after school respite? _____

5. Would you prefer to balance some active play with completing homework assignments? _____

6. Are there any activities that you DO NOT want your child to participate in? _____

If so, please explain: _____

_____

7. List the person(s), including yourself, permitted to pick child up from the After School Program:

Name: _____

Name: _____

Special Parent Advocacy Group

Name: _____

Name: _____

8. Is your child permitted to watch limited television while at After School? Yes _____ No _____

If so, what television program would you recommend? _____

_____

9. What are your child's hobbies/interests? _____

_____

_____

10. Is there any additional information you'd like to add? _____

_____

_____

Child's School and Grade: _____

Teacher's Name: _____ Phone: _____

_____ _____

Sign Date

_____

Print Name

_____ _____

SPAG Agent Date

_____

Print Name

Special Parent Advocacy Group

Authorization to Leave the Premises

I, (name of parent/guardian) _____
will hereby permit my child _____
to leave the site of Special Parent Advocacy Group Respite Programs on predesignated dates as indicated on Respite Calendar(s) for the following purposes:

- Field Trips/Outings
- Walks
- Other outdoor activities

As well as in the case of an emergency, or for the purpose of transporting my child home after the program.

_____ _____

Sign Date

_____

Print Name

Special Parent Advocacy Group

Permission to Use Sunscreen

My child, _____ may have sunscreen applied to exposed skin/areas before going outside on warm, sunny days.

I, (name of parent/guardian) _____ will provide sunscreen with a sun protection factor (SPF) of 15 or more; without Paba as per SPAG's recommendation. Paba gives some children blotchy rashes.

I will also make my child's name of his/her sunscreen PLASTIC container with a permanent marker and keep it in my child's bag at the facility.

_____ _____

Sign Date

_____

Print Name

Special Parent Advocacy Group

Permission to Photograph/Video Record

I, (name of parent/guardian) _____, do hereby give permission to Special Parent Advocacy Group to photograph or video record my child, (name of child) _____ for the purpose of advertisements, newspaper articles, blog posts and social media networking to strictly be used for business purposes.

I understand that my child may be included in group pictures and videos as well as individual ones that might be posted on the internet or in-print publications. I also understand that I have the right to request copies of said imagery at no additional charge to me.

_____ _____

Sign Date

_____

Print Name