

Sunburst Childcare Center Registration Packet



Enrollment Date:

Child	M	F	Birthday
Child	M	F	Birthday
Child	M	F	Birthday
Child	M	F	Birthday
Mother	SSN		
Full Address			
Home #	Cell #		Work #
Employer	Address		
E-mail	Text Notification Number		
For reminders, closures etc. – I prefer to be contacted by: <input type="checkbox"/> Text <input type="checkbox"/> E-mail			
Father	SSN		
Full Address			
Home #	Cell #		Work #
Employer	Address		
Email	Text Notification Number		

Child Custody Arrangements

Marital Status: Married Single Separated Divorced

Are there custody arrangements for any of the children listed above? Yes No
If yes, please continue to fill out this section. If no, skip to the next section.

Joint Custody Sole Custody Legal Visitation Guardianship

Do you have a court order stating the custody arrangement? Yes No

Is there a restraining order in affect? Yes No If yes, Please provide copy/copies of the court order.



Person's Authorized To Pick Up Child/Children

Mark those that we should call if we are unable to reach you in an emergency.

CODE Word:

Name	Relationship to Child	Home & Cell Phone	Address	Emergency Contact?
				Y N
				Y N
				Y N
				Y N
				Y N
				Y N
Out of STATE/AREA Emergency Contact (if available)				
				Y N

Sunburst Childcare Center
Legal Form



A. If a life threatening emergency arises we will

1. Call 911
2. Attempt to contact the parent or guardian.
3. Attempt to contact someone from your emergency list.

B. If medical treatment is needed we will make every effort to

1. Contact the parent or guardian
2. Contact someone from your emergency list
3. Transport the child to the emergency room at the hospital in the company of a caregiver.
4. Call 911

C. I appoint Sunburst Childcare Center to authorize medical treatment to and performance of any procedure deemed necessary by the emergency personnel or physician for my child/children listed below.

1. Call 911 at the first indication of a life threatening emergency
2. Attempt to contact a parent or guardian
3. Attempt to contact the child's physician
4. Attempt to contact you through any of the persons listed on the registration form for emergency numbers.

D. I understand that all expenses incurred under A, B, and C will be borne by the child's family.

E. I give my consent for my child/children listed below to ride on the Uintah School District bus or teacher's personal vehicles (if child misses the bus), to and from school.

F. I give permission for my child/children listed below to leave the center premises, under the proper supervision of a teacher, for occasional neighborhood walks.

Child _____

Child _____

Child _____

Child _____

Parent/Guardian Signature:

Date:

Sunburst Childcare Center Child Information Form



Child's Name	Birthday
Primary Language	Date of Enrollment

Siblings

Name	Sex	Birthday	Living with Child
	M F		Yes No
	M F		Yes No
	M F		Yes No

Allergies/Medical (Please check all that apply)

Allergies? (please list)	Medication	Medical Conditions	Disabilities/Delays
<input type="checkbox"/> Medication	Does your child take medication regularly? <input type="checkbox"/> No <input type="checkbox"/> Yes (please list below)	<input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Seizures <input type="checkbox"/> Heart Problems <input type="checkbox"/> Other _____	<input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Visual Impairment <input type="checkbox"/> Developmental Delays <input type="checkbox"/> Physical Impairment <input type="checkbox"/> Emotional <input type="checkbox"/> Other _____
<input type="checkbox"/> Food			
<input type="checkbox"/> Other			

Any other medical information?

Medical/Dental

Child's Doctor	Child's Dentist
Phone	Phone
Address	Address

All About Your Child

Likes	Dislikes	Interests	Concerns

Additional Comments

Your Child's Daily Care

What does your child need help with? <input type="checkbox"/> Eating <input type="checkbox"/> Dressing <input type="checkbox"/> Washing <input type="checkbox"/> Using the toilet <input type="checkbox"/> Other _____	Does your child take a nap? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, about what time and for how long?	Is your child toilet trained? <input type="checkbox"/> No <input type="checkbox"/> Yes
---	---	--

Any special instructions for your child's daily care?

Parent/Guardian Signature	Date
---------------------------	------