

## Child's Admission Form

\*Licensing Requirement to be filled out

\*Child's Name Last First DOB

\*Guardians Circle Relationship: Parent Grandparent Relative Friend

\*1. Last Name First Name

\*Home Phone ( ) Cell Phone ( )

Address Apt. #

City State Zip

Driver's License State

2. Last Name First Name

Home Phone ( ) Cell Phone ( )

Address Apt. #

City State Zip

Driver's License State

\*Person Responsible for this child Name Phone ( )

**Please list additional people whom we may contact in an emergency and/or who are authorized to pick up your child from Sierra at Tahoe Child Care Center. Valid identification must be provided to staff when picking up your child. Please list at least one contact other than parents.**

\*1. Last Name First Name

Cell Phone ( ) Relationship

Address Emergency Y N Pick-Up Y N

1. Last Name First Name

Cell Phone ( ) Relationship

Address Emergency Y N Pick-Up Y N

**Please describe the following for your child:**

\*Special Needs:

\*Allergies:

\*Medication(s):

\*Illnesses:

\*Past Health Problems:

\*Does your child nap? Y N Is your child potty trained? Y N

\*Parent's evaluation of child's personality

### \*Medical Information

\*Child's Doctor Phone ( )

Child's Dentist Phone ( )

Insurance Carrier

### \*Consent for Medical Treatment

As a parent or authorized representative, I hereby give to Sierra at Tahoe Child Care Center to obtain emergency medical or dental care prescribed by a duly licensed Physician (M.D.) Osteopath (D.O.) or Dentist (D.D.S.) for \_\_\_\_\_.

This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of the child named above.

\*My child has ALLERGIC REACTIONS to the following

MEDICATION(S): \_\_\_\_\_

\*Signature of the Representative/Parent/Guardian Date