



child enrollment & authorization

Child's Name: (first, last) _____ Date Entered Care: _____

Birth date: _____ Is the child enrolled in childcare or school? Yes No
If no, we require full immunization records

Allergy Alert: Does child have allergies? Yes No

If yes, please list: _____

Parent or Guardian Contact Information

Name (first, last) _____ Relationship: _____

Street Address _____ City _____ Zip Code _____

Home Phone _____ Cell Phone _____

Employer/Work Hours _____ Work Phone _____

Email: _____

Name (first, last) _____ Relationship: _____

Street Address _____ City _____

Home Phone _____ Cell Phone _____

Employer/Work Hours _____ Work Phone _____

Email: _____

Emergency Contact Information

Person other than parent/guardian who is authorized to pick up child

Name (first, last) _____ Phone _____ Relationship: _____

Name (first, last) _____ Phone _____ Relationship: _____

Child Information

Has your child previously been in childcare? Yes No

If yes, what type & how long? _____

How often do you plan to use WeVillage? _____

Parent or Guardian Authorization

By signing below, you give WeVillage permission for the following:

- **My child** may be taken on field trips or excursions by bus or streetcar, as well as on neighborhood walks under required supervision
- **My child** may participate in water play at local parks
- **My child** may be given non-prescribed medication as indicated on the container. This may include sunscreen, antibacterial first aid cream, and diapering ointment. Prescription medications must be current and a permission slip is required for each medication
- **In an emergency**, the childcare facility has my permission to call an ambulance, or take my child to any available physician or hospital at my expense to obtain medical treatment. In most emergencies, 911 is called and the child is transported to the nearest hospital and treated by the on-call physician. The parent or guardian of the child is notified as soon as possible.

Parent/Guardian Signature _____



child enrollment & authorization

Children's Emergency Consent Information

If your child needs emergency medical care and you aren't available to give formal consent to medical authorities, care may be unnecessarily delayed. All children under the care of WeVillage must have a completed Emergency Consent Form on file; in the event of a medical emergency, this form will accompany your child to the hospital.

I/we hereby authorize WeVillage to give consent for all medical and/or surgical treatment that may be required for our child/children during our absence.

Child's full name	DOB	Chronic Illness	Allergies	Current Medications	Date of last tetanus

Doctor & Dental Information

Physician: _____ Telephone: _____
Employer: _____
Health Insurance Co.: _____ Member/Group No.: _____
Policy Holder Name: _____ Policy Holder DOB: _____

Dentist _____ Telephone: _____
Employer: _____
Health Insurance Co.: _____ Member/Group No.: _____
Policy Holder Name: _____ Policy Holder DOB: _____

Parent Information for Medical reasons

Name (first, last) _____

Home address of parent/guardian: _____

Telephone number of parent/guardian: _____ Cell: _____

Parent/Guardian Signature _____ Date: _____