



# All Superstars Enrollment Form



## Child's Information

Child's Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Enrollment: \_\_\_\_\_

Scheduled days to attend (please circle):    M    T    W    TH    F

Approximate times to attend: \_\_\_\_\_ to \_\_\_\_\_

Meals served while in care:    Breakfast                      Lunch                      PM Snack

## Family Information

Custody (please circle):            Mother            Father            Both            Other (please specify): \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

## Medical Information and Emergency Medical Consent and Care

I hear by grant permission for the staff at this facility to contact my following choices medical personnel to obtain emergency medical care if needed. If staff deem necessary. If staff deem necessary, they will contact an alternative.

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Please list allergies, special medical or dietary needs:  
\_\_\_\_\_

To comply with DCF regulations, please fill out the section below to your best ability. **If your child has known allergies**, please specify symptoms that would indicate the need to administer treatment, to include names, doses, and methods of prompt administration of any medications. Parents of Einsteins and Zebras: Whenever we travel away from the center with your child, we will have these medications with us, as well as these directions.  
\_\_\_\_\_  
\_\_\_\_\_

**Contacts:**

Your child will only be released to the custodial parent(s) or legal guardian(s) and the persons listed below. The following people will be contacted in case of any emergency should we be unable to reach the custodial parent(s):

1) Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

3) Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**When you sign below you are signing that-**

1. You have received the DCF "Know Your Child Care Facility" brochure as well as our Parent Handbook.
2. You have read our discipline policy, including our disenrollment policy, which is in the Parent Handbook and posted in the office.
3. You consent for childcare personnel to have access to your child's records.
4. You will provide, within 30 days of enrollment, your child's physical exam (Form 3040) as well as a current immunization record (Form 680). Your pediatrician will be familiar with these forms. These must be updated when needed.
5. You understand that, because of the above and, because of the federal permitting religious exemptions, there may be children who are not immunized attending this or any licensed childcare center.
6. You permit us to apply sunscreen, and/or diaper rash cream, if you supply it, to your child according to the manufacturer's directions.
7. You understand that we believe open-toed shoes or sandals as well as jewelry are unsuitable for children to wear at our center and, if your child wears them, we will not be held liable for any injury that may occur as a result.
8. You give permission for your child to be photographed and or filmed and understand that your child's photo may appear in newspaper articles or on All Superstars' website, Facebook page or other professional or community publications.
9. You give permission for your child to participate in food related activities. These are posted as either a part of the curriculum, or party notifications, or on the posted menu.

I agree to all the above terms and conditions as well as those in the Parent Handbook.

**Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

You will be required to update this form annually but please notify us immediately of any changes to your information.

Please Tell us how you heard about us. If you were recommended by someone whose child attends here, please supply us with their name: \_\_\_\_\_.

**ANNUAL UPDATE (SIGN EVERY AUGUST)**

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_