Child's Admission Form

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 then 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 you 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** _____