

**My Other Mother Child Care Center
Enrollment Data**

1. Child's Name _____ DOB _____

Sponsor	Co-Sponsor
Name _____	_____
Relationship to child _____	_____
SS# _____	_____
Employed By _____	_____
Work Phone _____ Ext. _____	_____ Ext. _____
E-mail _____	_____
Home Address _____	
City _____ State _____ Zip _____	Phone _____

2. **If someone other than above will be responsible for the account, please complete this section:**

Name _____ Address _____

Telephone (home) _____ (work) _____

SS # _____ Email _____

Signature _____ Date _____

(Person responsible for account)

3. **Emergency Contact Information: (if sponsors cannot be reached)**

Name: _____

Address: _____

Telephone: (home) _____ (work) _____

Relationship to child _____

Is this person authorized to take child from center? Yes No (Circle one)

List all other adults who may take child from My Other Mother Child Care Center: ***ID REQUIRED***

_____	_____	_____
Name	Name	Name
_____	_____	_____
Relationship to child	Relationship to child	Relationship to child
_____	_____	_____
Telephone (home/work)	Telephone (home/work)	Telephone (home/work)

4. **Tylenol Permission:**

I **do** **do not** give the director of My Other Mother Child Care or his/her appointed representative permission to give _____ Tylenol.
Child's Name

I understand I will be notified that Tylenol has been administered.

Signature _____ Date _____

5. **Child's Special Needs:** _____

Special Concerns:

Food Allergies Seizures Diabetes Fainting Spells Other

Explain: _____

Additional Information: _____

6. **Disease History:** Please mark which disease(s) your child has had:

Measles Mumps Chickenpox Whooping Cough

7. **Medical Information:**

Child's physician _____ Phone _____

Address _____

8. **Sunscreen**

I **Do** **Do Not** give the director of My Other Mother Child Care, or his/her appointed representative, permission to apply sunscreen to _____.

Child's name
 All brands are acceptable I will provide sunscreen

Signature _____ Date _____

9. **Consent for Emergency Medical Care:**

I/We _____
Father
Mother (cross out words that do not apply)
Guardian

Of _____ do hereby request and give consent to the director of My Other Mother Child Care Center, or his/her duly appointed representative, for said child to receive medical or surgical aid as may be deemed necessary and expedient by a duly licensed or recognized physician or surgeon in case of an emergency when the parents cannot be reached. Consent is also given for My Other Mother Child Care Center, or his/her duly appointed representative, to transport said child for emergency medical treatment when the parents cannot be reached.

Signed _____ Witness _____

Date _____ Date _____