

**S.A.F.E. Center  
Enrollment Data**

1. Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

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

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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)

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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 \_\_\_\_\_

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5. **Child's Special Needs:** \_\_\_\_\_

Special Concerns:

Food Allergies  Seizures  Diabetes  Fainting Spells  Other

Explain: \_\_\_\_\_

Additional Information: \_\_\_\_\_

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

Measles  Mumps  Chickenpox  Whooping Cough

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7. **Medical Information:**

Child's physician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

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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 \_\_\_\_\_

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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 \_\_\_\_\_