

ENROLLMENT AGREEMENT

ENROLLMENT INFORMATION



Please complete this Enrollment Agreement accurately and completely, as this information is necessary for FCC Daycare Center to understand your child and meet his or her individual needs. Completion of the Enrollment Agreement is required for enrollment at FCC Daycare Center.

CHILD INFORMATION							
Last Name		First Name		Middle Name		Nickname	
Birth Date (DD/MM/YY)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Child's Primary Language		Parents' Primary Language	
Home Address						Home Phone	
Daycare Schedule	Monday	Tuesday	Wednesday	Thursday	Friday		
Drop-off Time:							
Pick-up Time:							

PARENT INFORMATION			
FATHER'S NAME			Is the child's father an employee of FCC? <input type="checkbox"/> Yes <input type="checkbox"/> No
Birth Date (DD/MM/YY)		CNIC	E-mail Address
Home Address			
Home Phone		Cell Phone	Work Phone
Employer and Address			
MOTHER'S NAME			Is the child's mother an employee of FCC? <input type="checkbox"/> Yes <input type="checkbox"/> No
Birth Date (DD/MM/YY)		CNIC	E-mail Address
Home Address			
Home Phone		Cell Phone	Work Phone
Employer and Address			

EMERGENCY CONTACT AND RELEASE PERSONS – OTHER THAN PARENTS			
In case of emergency and for the protection of your child, please list the names and contact information of those individuals you authorize to pick up your child from the center. FCC Daycare Center will only release your child to adults you designate below. Those authorized to pick up your child (including parents) need to present photo identification each day until easily recognized by FCC Daycare Center staff. If possible, please notify the center if someone other than the child's father or mother will be picking up your child on a given day.			
EMERGENCY CONTACT/AUTHORIZED PERSON #1		Relationship to Child	CNIC
Is the contact an employee of FCC? <input type="checkbox"/> Yes <input type="checkbox"/> No	Home Phone	Cell Phone	Work Phone
EMERGENCY CONTACT/AUTHORIZED PERSON #2		Relationship to Child	CNIC
Is the contact an employee of FCC? <input type="checkbox"/> Yes <input type="checkbox"/> No	Home Phone	Cell Phone	Work Phone
EMERGENCY CONTACT/AUTHORIZED PERSON #3		Relationship to Child	CNIC
Is the contact an employee of FCC? <input type="checkbox"/> Yes <input type="checkbox"/> No	Home Phone	Cell Phone	Work Phone

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DEVELOPMENTAL HISTORY

Child's Name:

Birth Date:

GENERAL HISTORY

1. Has your child had previous daycare experience? If yes, please list the name(s) of previous daycare centers. Yes No

2. What is your child's favorite toy?

3. What is your child's favorite play activity?

4. Please list any special interests of your child:

5. How do you comfort your child? For example, with a pacifier, blanket, hugs, etc...

EMOTIONAL BEHAVIOR

1. Every child, at one time or another, exhibits the behaviors listed below. Please indicate which words you feel describe your child the best.

- Generally Cheerful Quiet Talkative Cooperative Physical Calm Group Leader
 Group Follower Easily Excited Outgoing Sensitive Active Independent Often Shy

2. List any other comments you may have regarding your child's behavior:

3. What behavior do you consider the most difficult to deal with?

4. What is your normal method of discipline?

5. What fears does your child have? Describe the history and how your child shows fear.

6. Has your child had experience playing with other children?

7. Is there anything you think we should know about your child to help us work with him or her more effectively?

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DAILY ROUTINE

Child's Name:

Birth Date:

If your child's age is between 2-12 months, please answer the questions below. If your child is older than 12 months, please skip this section.

DAILY ROUTINES – INFANTS (2-12 MONTHS)

1. Does your baby cry when going to sleep? Yes No
2. Does your baby need a pacifier? Yes No
3. Is your baby breast fed or bottle fed? Breast Fed Bottle Fed
4. Does your baby have any special feeding requirements? If yes, please explain: Yes No

5. What is your baby's current eating schedule? List type and amount of food.

Time	Solid Food	Juice	Formula or Breast Milk

If your child's age is between 12-36 months, please answer the questions below. If your child is younger than 12 months, please skip this section.

DAILY ROUTINES – TODDLERS (12-36 MONTHS)

1. Do you have any special ways of helping your child go to sleep? If yes, please explain: Yes No
2. Does your child need a blanket or toy for sleeping? Yes No
3. What is your child's current sleeping schedule?

	Start Time	End Time	Not Applicable
Night Time			
Morning Nap			<input type="checkbox"/>
Afternoon Nap			<input type="checkbox"/>

4. How frequently does your child have a bowel movement? _____
5. Is your child toilet trained? Yes No
6. What word does your child use for urination? _____ For bowel movement? _____
7. Does your child frequently have a diaper rash? If yes, how is it treated? Yes No

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MEDICAL INFORMATION

Child's Name:	Birth Date:
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CHILD'S BASIC INFORMATION

Height	Weight	Hair Color	Eye Color	Distinguishing Marks
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HEALTH HISTORY

1. Does your child seem healthy most of the time? Yes No

2. Is your child currently taking any medication? If yes, please list the medication and reason for taking it. Yes No

Name of medication: _____ Reason: _____

Name of medication: _____ Reason: _____

Name of medication: _____ Reason: _____

3. Does your child have problems with any of the following? Please check all that apply.

Frequent Ear Infections Frequent Colds Constipation Skin Rash Upset Stomach

Frequent Sore Throat Frequent Fevers Diarrhea Fainting Urinary Problems

4. Has your child ever been diagnosed with any of the following? Please check all that apply.

Asthma Diabetes Hepatitis Impetigo Polio

Bronchitis Epilepsy/Seizures Heart Disease Tuberculosis Meningitis

5. Check any of the following that apply to your child.

Premature birth Trouble breathing at birth Birth injury or defect Head injury

6. Has your child had trouble with his or her vision? Yes No

7. Has your child had trouble with his or her hearing? Yes No

8. Has your child ever been hospitalized? If yes, for what? Yes No

9. Has your child ever had any serious accidents? If yes, list type, when and how treated. Yes No

10. Does your child have any special needs that the staff should be aware of? If yes, please explain. Yes No

11. Has your child ever been seen by a medical specialist? If yes, what type of specialist and for what reason? Yes No

12. What arrangements have you made for the care of your child should he/she become ill at the daycare center?

13. Please provide any other health information you feel the daycare center administrator or staff may need to know about your child.

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MEDICAL INFORMATION

Child's Name:	Birth Date:
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ALLERGIES

1. Please indicate whether your child has any of the following types of allergies? Medication Food Insects Environmental

2. If you checked any allergies above, please indicate what your child is allergic to and describe the reaction.

Allergy: _____	Reaction: _____
Allergy: _____	Reaction: _____
Allergy: _____	Reaction: _____

3. If your child's physician has prescribed a specific treatment plan for allergic reactions, please provide details.

CONSENT FOR MEDICAL EVALUATION AND TREATMENT

In circumstances when medical treatment is necessary, such as accident, sudden illness or life-threatening emergency, your child will be evaluated and treated by Mercy Health Center medical staff. With the exception of life-threatening situations, you will be informed before any medication is given. (Please check only one box below.)

I give my consent for emergency medical treatment by Mercy Health Center medical staff. Even in an emergency situation, I DO NOT want my child to be treated by Mercy Health Center medical staff.

In a life-threatening emergency that requires medical facilities beyond the scope that Mercy Health Center is able to provide, RESCUE 1122 will be called. In these critical situations, RESCUE 1122 will be called first, and immediately after the call is placed, parents will be contacted. (Please check only one box below.)

In a life-threatening emergency, I give my consent for FCC Daycare Center to call RESCUE 1122 for emergency assistance. Even in a life-threatening emergency, I DO NOT want FCC Daycare Center to call RESCUE 1122 for emergency assistance.

If RESCUE 1122 is called, I would prefer that my child be taken to the following hospital:

In some situations, FCC Daycare Center staff may request medical evaluation of your child by Mercy Health Center medical staff for non-emergency health concerns. (Please check only one box below.)

FCC Daycare Center staff may consult Mercy Health Center medical staff on behalf of my child. I would like to be notified by phone if any health concerns are confirmed. You may inform me of the evaluation when I pick up my child if the findings are normal.

For non-emergency health concerns, I would like to be contacted before my child is evaluated by Mercy Health Center medical staff. In each situation, I will decide whether I would like my child to be evaluated after discussing the concerns with FCC Daycare Center staff.

I DO NOT want my child to be treated by Mercy Health Center medical staff.

If options 1 or 2 were selected, please indicate which parent should be contacted:

Father's Signature	Date
Mother's Signature	Date

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HEALTH POLICIES

Child's Name:	Birth Date:
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Health Policies

You must provide an initial health report from a physician no later than 60 days following the first day of attendance at FCC Daycare Center. The health report may be completed by your family physician or by the Medical Officer in FCC's Mercy Health Center. You must provide an updated health report every 6 months for a child under the age of 24 months and every 12 months for a child between the ages of 24-36 months.

You must provide the center with updated immunization information for your child. FCC Daycare Center will not retain a child for more than 60 days following the first day of attendance unless all immunizations have been administered according to the recommended vaccination schedule. Parents must provide verification from a physician of vaccination history, including the dates vaccines were given.

You must promptly provide the center with any information regarding conditions, illnesses, allergies or other special needs that may require specific care or attention and agree to provide additional documentation as needed.

Medication can only be administered to your child if written instructions are provided from the physician who prescribed the medication. A form for medication administration is required and must be signed by both the physician and parent.

In the event your child becomes ill at the center, you must pick up your child within one hour of us notifying you.

If your child contracts a contagious disease, your child may only return to the center once they are no longer contagious. A physician's note may be required.

Your child will be excluded from the center if he or she:

- Has an oral temperature of 101°F or higher or an axillary (armpit) temperature of 100°F or higher. Your child should stay home until he or she is fever-free for 24 hours without the aid of fever-reducing medicine.
- Has vomited two or more times since admission that day.
- Has contagious pink eye (conjunctivitis) or drainage from the eye.
- Has any rash that may be disease-related or the cause is unknown. Please check with your family physician before sending your child to the center.
- Has had three or more loose stools since admission that day.
- Has a bacterial infection, such as streptococcal or impetigo, and has not completed 24 hours of antimicrobial therapy.
- Has unexplained lethargy.
- Has lice, ringworm or scabies that is untreated and contagious to others.
- Is experiencing significant respiratory distress.
- Is not able to participate in the program activities with regular comfort.
- Requires more care than the daycare center staff can provide without compromising the health and safety of other children.

By signing below, I acknowledge that I have read and agree to FCC Daycare Center's Health Policies detailed above.

Father's Signature	Date
Mother's Signature	Date