

**WALNUT RIDGE PUBLIC SCHOOL
ENROLLMENT AND RE-ENROLLMENT FORM
PAW PATCH AND VACATION STATION**

Child's Name _____ Date of Birth _____

Mailing Address _____

City _____ State _____ Zip _____

Current Grade (for before/after school care) _____

Grade just completed (for summer care) _____

Will there be any siblings also attending childcare at the same time?

Yes _____ (Names: _____)

No _____

Days childcare is needed _____

Hours your child/children will be in childcare _____

PARENT INFORMATION

Mother's Name _____

Mother's Address (if different from above) _____

City _____ State _____ Zip _____

Mother's Phone Number _____ Work Phone _____

Mother's Employer _____ City/State _____

Father's Name _____

Father's Address (if different from above) _____

City _____ State _____ Zip _____

Father's Phone Number _____ Work Phone _____

Father's Employer _____ City/State _____

EMERGENCY CONTACT INFORMATION

(Name of person to be called if parent CANNOT be reached)

Name _____

Relationship to child _____ Phone Number _____

Address _____ City/State _____

Is this person authorized to take the child from the center? _____

Please list all others who are authorized to take your child/children from the center. They must be at least 18 years old.

Name _____ Relationship to child _____

Address _____ City/State _____ Zip _____

Phone _____

Name _____ Relationship to child _____

Address _____ City/State _____ Zip _____

Phone _____

Name _____ Relationship to child _____

Address _____ City/State _____ Zip _____

Phone _____

SPECIAL NEEDS

Physical or Emotional Needs _____

Special Food Needs _____

Food Allergies _____

Medications _____

Diabetes _____

Frequent Colds _____

Sun Sensitivity _____

Seizures _____

Special Problems _____

Other _____

MEDICAL INFORMATION

Child's Physician _____

Medical Clinic _____

Address _____ City/State _____

Telephone _____

I, _____ (Mother, Father, Guardian) do hereby give my consent to the staff of the Childcare Facility for my 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 the staff to transport said child for emergency treatment if the parents cannot be reached. I also give my permission for my child to be transported by ambulance to the nearest medical facility to receive emergency care as deemed necessary by medical staff. I also release childcare staff of any liability in the event of an emergency where said child must be transported for emergency care.

Parent Signature _____ Date _____

I hereby GIVE/DO NOT GIVE (PLEASE CIRCLE ONE) childcare staff permission to administer acetaminophen (Tylenol) according to dosage instructions. I understand that I will be notified that the medication has been given.

Parent Signature _____ Date _____

BEHAVIOR GUIDANCE

Walnut Ridge Public School Childcare Behavior guidance is listed in the handbook.

I have read and understand the behavior guidance policy for the childcare facility. I give my permission for the use of all methods set out in the handbook.

Parent Signature _____ Date _____

MEDIA RELEASE FORM

I understand that throughout the summer and school year, children are photographed and/or videoed while participating in activities. I give my permission for photographs or videos of my child to be used on social media, newspapers, and local news.

Child's Name _____

Parent Signature _____ Date _____

Please ***DO NOT*** use my child's photograph or video on social media, newspapers, and local news.

Child's Name _____

Parent Signature _____ Date _____

PERMISSION SLIP FOR SUNSCREEN

I give my permission for the staff of Walnut Ridge Childcare to apply the sunscreen ***that I have provided*** on my child.

Child's Name _____

Parent Signature _____ Date _____

PERMISSION SLIP FOR MOSQUITO SPRAY

I give my permission for the staff of Walnut Ridge Childcare to apply the mosquito spray ***that I have provided*** on my child.

Child's Name _____

Parent Signature _____ Date _____