



Dandelion Childcare

Childs Application of Enrollment

Date Completed: _____

Date of Enrollment: _____

CHILD INFORMATION

Date of Birth: _____

Full Name: _____
Last First Middle Nickname

Child's Physical Address: _____

FAMILY INFORMATION

Child lives with _____

Father/Guardians Name _____

Home Phone _____

Address _____

Zip Code _____

Work Phone _____

Cell Phone _____

Mother/Guardians Name _____

Home Phone _____

Address _____

Zip Code _____

Work Phone _____

Cell Phone _____

CONTACTS

Child will be released to the parents/guardians listed above. The child can also be released to the following individuals, as authorized to the person who signs this application. In the event of an emergency, if the parents/guardians cannot be reached, the facility has permission to contact the following individuals.

Name _____

Relationship _____

Address _____

Phone _____

Name _____

Relationship _____

Address _____

Phone _____

Name _____

Relationship _____

Address _____

Phone _____



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HEALTH CARE NEEDS

For any child with health care needs such as allergies, asthma, or other chronic conditions that require specialized health services, a medical action plan shall be attached to the application. The medical action plan should be completed by the child's parent or health care professional. Is there a medical action plan attached? Yes ☐ No ☐ (Medical action planned must be updated on a regular basis and when changes to the plan occur)

List any allergies and the symptoms and type of response required for allergic reactions

List any health care needs or concerns, symptoms of and type of response for these health care needs or concerns

List any particular fears or unique behavior characteristics the child has

List any types of medication taken for health care needs

Show any other information that has a direct bearing on assuring safe medical treatment for your child

EMERGENCY MEDICAL CARE INFORMATION

Name of health care professional _____ Office Phone _____

Hospital Preference _____ Phone _____

I, as the parent/guardian, authorize the center to obtain medical attention for my child in an emergency.

Signature of Parent/Guardian _____ Date _____

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any drug or medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian.

Signature of Administrator _____ Date _____