

# Cobb Discovery Child Care

1281 NE Walnut St., Roseburg, OR 97470

(541) 957-1008 Child FAX (541) 957-0164

## ENROLLMENT AND AUTHORIZATION FORM

Name of Child \_\_\_\_\_ Date entered care \_\_\_\_\_

Birthdate \_\_\_\_\_ Nickname \_\_\_\_\_ Age at entry \_\_\_\_\_

### Allergy Alert:

Does your child have allergies? Yes \_\_\_ No \_\_\_ to What? \_\_\_\_\_

Do these restrict your child's activities? \_\_\_ Yes \_\_\_ No

What types of allergies or other health problems does your child have, and what do we need to know to provide the best possible care?

\_\_\_\_\_  
\_\_\_\_\_

Has your child had chickenpox? \_\_\_ Yes \_\_\_ No (If Yes – Date \_\_\_\_\_)

### Parent(s) or Guardian(s) Contact Information:

Email Address: \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Employer/worksites/hours \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Cell and/or pager number (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Employer/worksites/hours \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Cell and/or pager number (\_\_\_\_) \_\_\_\_\_

**We always try to contact parents first. However, we are required to have an emergency contact OTHER THAN parents. These people are also authorized to pick up your child from the facility. Please list all phone numbers appropriate:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone (H) (\_\_\_\_) \_\_\_\_\_ (W) (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone (H) (\_\_\_\_) \_\_\_\_\_ (W) (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Other people authorized to pick up child in non-emergency situations:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Medical Provider \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

(Please complete allergy and health issues section on back of form)

School-age Child's Dentist \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

(If no dentist, then list dentist of record for child care facility)

### ***(Please initial)***

\_\_\_\_\_ In an emergency, the child care facility has my permission to call an ambulance or to take my child to any available physician or hospital at my expense and to obtain medical treatment for my child. In most emergencies, 911 is called and child is transported to nearest hospital and seen by Dr. on call. **(Parents are always notified as soon as possible.)**

**Please list any restrictions to permission:** \_\_\_\_\_

\_\_\_\_\_ My child may be given non-prescribed medication as indicated on the container, including sunscreen, children's pain reliever, antibacterial first aid cream, and diapering ointment. Syrup of ipecac may be administered if deemed necessary by the poison control operator. (We will contact parents prior to administering non-prescription pain relievers. Prescription medications must be current and require permission slips for each medication).

\_\_\_\_\_ My child may be photographed for web publicity or news purposes.

### General Information

Has your child had previous experience in child care: \_\_\_ yes \_\_\_ no. Type of care \_\_\_\_\_ How long? \_\_\_\_\_

Reason for requesting care \_\_\_\_\_

**Please give any information concerning your child which will assist us in providing the best care for your child:**

Play \_\_\_\_\_

Eating habits and schedule \_\_\_\_\_

Sleeping habits and schedule \_\_\_\_\_

Fears \_\_\_\_\_

Likes and dislikes \_\_\_\_\_

Special words and their meanings \_\_\_\_\_

Other children in the household

Name/Nickname of child \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Name/Nickname of child \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Name/Nickname of child \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

#### Special Transportation Arrangements

CCD requires a written plan of the transportation arrangements between the child care facility and parents for children who come and go for school and other extracurricular activities. The following indicates our plan:

\_\_\_\_\_ (child) attends Cobb Discovery Center. He/she will be transported/escorted between the child care facility and other facilities/school by: \_\_\_ school bus/van, \_\_\_ Head Start bus, \_\_\_ Child Care Facility, or neighborhood walking excursions. If my child is not at the designated pickup site or does not arrive as planned, please contact: \_\_\_ parent or \_\_\_ the school to confirm the child's whereabouts and/or devise a plan as needed to locate the child.

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

**Parent/Guardian**

**We appreciate your help in updating these forms regularly to keep the most current information and emergency contacts for your child. We want to work together in meeting your child's needs and encourage you to talk with us whenever necessary.**