Updated 1/2024

Enrollment Form 2024

Child's Name: ______________________________________ Date of Enrollment: ____________________

Home Address: ____

Home Phone: ____________________ Sex: M F Age: _______ Date of Birth: ________________

Family Members: ____

Mother or Guardian's Name: ____

Address if different from child's: ____

Zip: _______ Home Phone: ______________ Cell Phone: ______________ Email: __________________

Name of Employment (Mother/Guardian): ____

Address of Employment: ____ Work Phone: ______________

Father or Guardian's Name: ____

Address if different from child's: ____

Zip: _______ Home Phone: ______________ Cell Phone: ______________ Email: __________________

Name of Employment (Father/Guardian): ____

Address of Employment: ____ Work Phone: ______________

Special instructions for reaching parent or guardian: ____

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Emergency Contacts:

1. Name: ______________________Home Phone: ____________Address: ____________________

Work Phone: ________________________ Relationship to child: __________________________

2. Name: ______________________Home Phone: ____________Address: ____________________

Work Phone: ________________________ Relationship to child: __________________________

Child Pickup Information

Persons Authorized to pick up your child (Must show photo ID)

Name: ____

Home Phone: ____________________________ Work Phone: _____________________________

Name: ____

Home Phone: ____________________________ Work Phone: _____________________________

Name: ____

Home Phone: ____________________________ Work Phone: _____________________________

Name, address and phone number of child's doctor:

____

____

Name, address and phone number of child's dentist:

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____

Hospital of Preference (Please check one): ☐ UC Health Memorial Hospital
4050 Briargate Pkwy
Colorado Springs, CO 80920
719-364-5000

☐ St. Francis Medical Center
6001 E Woodmen Rd.
Colorado Springs, CO 80923

☐ Other ________________________

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Chronic Medical Conditions: ____

Does your child have a health care plan? ______________

If yes, the health care plan must be provided on or before the first day the child is in care.

Is your child fully immunized? ___________

Complete immunization records must be provided on or before the first day the child is in care.

Food Allergies: ____

Health History

(Chronic or Recurring)

Ear Infections: ______________

Diabetes: ______________

Heart disease/defect: ______________

Convulsions/seizures: ______________

Asthma: ______________

Nosebleeds: ______________

Measles: ______________

Mumps: ______________

Chicken Pox: ______________

Flu or Flu Shot: ______________

Allergies

(Nature of Reaction)

Hay Fever: ______________

Plant Poisoning: ______________

Insect Stings: ______________

Penicillin: ______________

Other drugs: ______________

Animals: ______________

Food: ______________

Other: ______________

Operations or serious injuries (dates): ____________________________________

Is the child on any medications? (Explain): ____________________________________

If yes, please describe: ____________________________________

Physical Limitations: ______________ Describe if yes: ______________

Dietary Limitations: ______________ Describe if yes: ______________

Vision: ______________ Hearing: ______________

Are there any activities that you prefer that your child **NOT** participate in?

If so, please list: ____________________________________

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I hereby give permission for Once Upon a Childcare to call a doctor or emergency medical services and for the doctor, hospital, or medical service to provide emergency medical or surgical care for my child, ______________________________.

It is understood that the childcare provider will make a conscientious effort to locate the parent/guardians and emergency contacts listed on the registration document before any action is taken. If it is not possible to locate the emergency contacts that are listed, treatment will not be delayed. I/we will accept the expense of any emergency transportation, medical or surgical treatment.

Parent/Guardian Signatures:

____ Date: ____________________

____ Date: ____________________

Annual Updates

Parent/Guardian Signatures:

____ Date: ____________________

____ Date: ____________________

____ Date: ____________________

____ Date: ____________________