Enrollment Agreement

Ya Ya Day Care Center

Medical Information

Child's name	Birth date	Height	Weight	Hair color	Eye color

Distinguishing marks

Child's Medical & Developmental History

1. Does your child have any special medical conditions? □ No □ Yes Explain
2. Does your child have any chronic illnesses? □ No □ Yes Explain
3. Please list a brief history of your child's serious injuries and hospitalizations.
4. Does your child have diabetes? □ No □ Yes *If yes, please attach care instructions from your physician.*
5. Does your child have asthma? □ No □ Yes *If yes, please attach care instructions from your physician.*
6. Will medication be administered regularly? □ No □ Yes *If yes, please attach care instructions from your physician.*
7. Does your child have any special dietary needs? □ No □ Yes Explain
8. Is your child able to fully participate in all activities? □ Yes □ No Explain
9. Does your child have any physical restrictions? □ No □ Yes Explain
10. Does you child function at the level of other children in his/her age group? □ Yes □ No Explain
11. Is your child able to walk □ Yes □ No
12. Can your child communicate his/her needs? □ Yes □ No
13. Does your child need assistance at meal time? □ No □ Yes Explain
14. Does your child rest during the day? □ No □ Yes
15. Is your child toilet trained? □ No □ Yes
16. Does your child use any special equipment, such as breathing machine, wheelchair, hearing aid, braces, glasses etc? □ No □ Yes Explain
17. Does your child require on-to-one care/supervision on a regular basis for a significant period of time? □ Nor □ Yes Explain
18. Does your child require any accommodations or modifications to fully and equally enjoy and participated in a group care setting?

    □ No □ Yes Explain
19. Does your child have an IEP or IFSP? □ No □ Yes

If so, please see last page of agreement.

Illness History *(please check all that apply)*

☐ Vision problems	☐ Nosebleeds	☐ Seizures
☐ Hearing problems	☐ Skin rashes	☐ Mouth sores
☐ Constipation	☐ Sore throats	☐ Fainting
☐ Diarrhea	☐ Ear infections	☐ Persistent cough
☐ Asthma/breathing problems	☐ Urinary track infections	☐ Other

Please attach care instructions from your physician for any of these illnesses.

Disease History *(please check all that apply and add the date)*

☐ Chicken Pox (Varicella)		☐ Bronchiolitis		☐ Botulism	
☐ Measles Rubeola		☐ Pneumonia		☐ Heamophilus Influenza	
☐ Rubella (German Measles)		☐ Pertussis (Whopping cough)		☐ Meningococcal Infection	
☐ Mumps		☐ Tetanus		☐ Rabies	
☐ Scarlet Fever		☐ Diphtheria		☐ Bacterial Meningitis	

Allergies *(please list)*

Medication Allergies	Reaction	**Food** Allergies	Reaction

Bee Stings Allergies	Reaction	**Respiratory** Allergies	Reaction

Other Allergies Reaction

Are any of these allergies life-threatening? ☐ **Yes** ☐ **No**

Please attach care instructions from your physician for any life-threatening allergies..

Miscellaneous Screenings and Tests *(please check all that apply and add the date of last screening)*

☐ Vision		☐ Developmental		☐ Tuberculosis (PPD)	
☐ Hearing		☐ Aptitude		☐ Sickle Cell Anemia	
☐ Speech		☐ Educational		☐ Other	

Medical Information (continued)

Child's name	Birth date

Child's Medical Care Provider

Primary physician's name	Primary physician's practice name	Phone

Physician's practice address	City	State	Zip

Preferred hospital/clinic for emergency care	City	State

Dentist's name	Dentist's practice name	Phone

Dentist's practice address	City	State	Zip

Child's Insurance Provider

Child's health insurance provider name	Policy number	Secondary health insurance provider name	Policy number

Child's Immunization History *(please attach a copy of your child's immunization records)*

Below is a list of immunizations that your child may have received. Immunizations in **bold** are required by our state

Anthrax	Influenza	**Pneumococcal disease**	Smallpox
Diphtheria	Lyme Disease	**Polio**	**Tetanus**
Haemophilus Influenzae type b (Hib)	**Measles**	Rabies	Tuberculosis
Hepatitis A	Meningococcal disease	Rotavirus	Typhoid Fever
Hepatitis B	**Mumps**	**Rubella**	**Varicella (Chickenpox)**
Human Papillomavirus (HPV)	**Pertussis (Whooping Cough)**	Shingles (Herpes Zoster)	Yellow Fever

Additional Medical Policies

Initial

1. Prior to enrollment, I must provide the center with updated medical and immunization information for my child. This information is to be kept current and updated in accordance with state childcare regulations. ________
2. I agree to provide information to the childcare center about my child's conditions, illnesses, allergies or other needs. ________
3. If my child becomes ill with a reportable contagious disease, I understand that he/she will not be able to return until I bring in a physician's note stating that he/she is no longer contagious. ________
4. If my child becomes ill during his/her time at the childcare center, the staff will contact me to pick up my child. I will arrange for pick up as soon as possible and no later than 1 hour after being contacted. If I cannot be reached, the staff will contact those listed in the *Child Emergency Contact and Release*. ______
5. I understand that if my child is 5 years or older, he/she will be required to wear a mask for the entire day. ________

Emergency Medical Authorization & Consent

Initial

In case of a medical emergency, the staff will attempt to contact me, those listed in the *Child Emergency Contact and Release*, and lastly my physician. ________

In case of a medical emergency, I agree that my child may receive first aid and/or CPR. ________

In case of a medical emergency, I permit the transportation of my child to a local hospital or other urgent care facility, if necessary by paramedics or other emergency personnel. ________

In case of a medical emergency, I will be responsible for the emergency medical expenses. ________

Application of Sunscreen & Insect Repellant Authorization

Initial

I give my permission to this center to apply □ sunscreen and □ insect repellant to my child. *Please check which product you will permit.* ________

I understand that I must supply my own sunscreen and/or insect repellant with a valid expiration date, and it will be labeled with my child's name. ________

I have special instructions for the application process. □ None □ ____________________________________