

## Sand Box Child Care & Preschool CHILD ENROLLMENT FORM

**Instructions:** The parent / guardian shall fill out the form completely, sign it and submit it to the center prior to the child's first day of attendance. Information on this form shall be kept current. ALL AREAS MUST BE COMPLETED in accordance with licensing regulations.

**CHILD INFORMATION**

Name (Last, First, MI)	Address – Home (Street, City)	Telephone Number	Birthdate (mm/dd/yyyy)	First Day of Attendance
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**PARENT OR GUARDIAN** – All parents / guardians are permitted to visit during center hours and are allowed to pick up the child unless access is prohibited or restricted by a court order. Attach court order, if any.

Relationship to Child	Name	Address – Home (Street, City)	Home / Cell Telephone No.	Name and Address – Place of Employment OR Location while Child is in Care	Telephone No.
<b>Mother</b> /Guardian					
Driver License		Email:	Birthdate:	grant permission for employment verification by a representative of Sand Box, Inc.	_____ Initial
<b>Father</b> /Guardian					
Driver License		Email:	Birthdate:	grant permission for employment verification by a representative of Sand Box, Inc.	_____ Initial

**AUTHORIZED PERSONS** – Persons other than parents / guardians who are authorized to pick up the child or accept the child if dropped off. If no one, write "None."

Relationship to Child	Name	Address – Home (Street, City)	Home / Cell Telephone No.	Name and Address – Place of Employment OR Location while Child is in	Telephone No.

**EMERGENCY CONTACT** – The person to be notified in an emergency when parents / guardians cannot be reached.  Yes  No This person is authorized to pick up the child.

Relationship to Child	Name	Address – Home (Street, City)	Home / Cell Telephone No.	Name and Address – Place of Employment OR Location while Child is in Care	Telephone No.

**PHYSICIAN OR MEDICAL FACILITY**

Name	Address (Street, City, State, Zip Code)	Telephone Number
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**AUTHORIZATION**

- Yes  No I hereby give my consent for use of my child's photo for  portfolios  advertising  social media. Names will not be used without further consent.
- Yes  No I hereby give my consent to release and share information with the school district regarding assessment, development and/or school readiness.
- Yes  No I hereby give my consent for emergency medical care or treatment to be used only if I cannot be reached immediately.
- Yes  No I have had an opportunity to review the policies of this child care center and a summary of the Wisconsin Rules for Licensing Child Care Centers.
- Yes  No I give permission for my child to participate in field trips and other activities during operating hours.  Transported  Walking
- Yes  No I have been informed of the number of pets in the center and their degree of contact with the enrolled children. Note: If pets are added after a child is enrolled, parents shall be notified in writing prior to the pet's addition to the center.

**SIGNATURE** – Parent or Guardian

Date Signed