



The Golden Rule, LLC
Day Care & Learning Center
Application for Enrollment

Child's Name: _____ Name used at home: _____
Date of application: _____ Desired date of enrollment: _____
Date of birth: _____ Present age: _____ Sex: _____
Address: _____ City: _____ Zip code: _____

Father's name: _____ **Mothers' name** _____
Dad's email: _____ Mom's email: _____
Home phone# _____ Home phone# _____
Employment: _____ Employment: _____
Work phone: _____ Work phone: _____
Cell phone: _____ Cell phone: _____
Names and ages of other children at home: _____

Food allergies: _____ Other allergies: _____
Foods to limit or exclude: _____
Past illnesses, physical limitations, or other health problems: _____

Hearing, vision, or speech problems: _____
Does child have any unusual fears? _____ If so, please list them: _____

Ability to play with other children: _____ Toilet trained? _____
Has the child attended a previous child care facility? If so, where _____
Reason for leaving: _____

How did you find out about our facility? _____
Child's Doctor: _____ Address: _____ Phone # _____
Child's Dentist: _____ Address: _____ Phone # _____
Persons to whom child may be released to: _____

Person(s) authorized to act for parents in case of emergency:
Name: _____ Work phone # _____ Home/cell: _____
Name: _____ Work phone # _____ Home/cell: _____

Permission is hereby granted to the staff at Golden Rule, LLC Day Care & Learning Center to seek emergency medical treatment at the nearest medical facility for my child in case of injury or illness, until either I or my family doctor can be reached.

Parent(s) signature

Date

HANDBOOK ACKNOWLEDGEMENT

Signing this form acknowledges that you have received and read the parent handbook for Golden Rule Daycare and are aware of all its contents.

I (print full name) _____ have read and received and copy of Golden Rule Daycare's Parent Handbook. I acknowledge that I understand and will follow all center policies.

Parent Signature

Date

§1917.H,K

Emergency Medication Authorization Form

Child's Name: _____

Medication Name*/Strength: _____

Dosage Amount/Frequency: _____

How to be Given: Oral Topical Other: _____

Time to be Given: _____

Date(s) to be Given: _____

Symptoms Indicating Need for Administration:

Actions to Take Once Symptoms Occur: _____

Side Effects/ Anticipated Reactions: _____

Parent's Signature

Date

If all information is not filled in completely, medication will not be given.

Administration Documentation**

Date Given	Time Given	Dosage Given	Signature of Person Administering Medication

Signature of Staff Completing Form

**medication should be in its original container*

***shall be updated by parent as changes occur or at least every six months*

Consent to Release Information, Recordings or Photographs

I give my consent for Golden Rule Daycare to release information/photograph(s)/recording(s) of my child _____ from which my child might be identified, except to authorized state and federal agencies.

Parent Signature

Date

§1913.A

Water Activities Authorization Form

My child _____ has permission* to participate in the following type(s) of water activity: _____

Location(s) of activity** _____

(Description of all types of water activities included)

Parent's Signature

Date

Parent's Signature

Date

Parent's Signature

Date

Parent's Signature

Date

*permission must be updated at a minimum, annually

** if activity is off-site, transportation authorization is required and regulations regarding transportation must be followed.