



Golden Rule Daycare &  
Early 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 Daycare & Early 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.