

Child Enrollment Form



Child's Name (Last, First)		Child Nickname
Date of Birth	Date Entered Care	Age at Entry
ALLERGY ALERT Does your child have allergies? <input type="checkbox"/> YES* <input type="checkbox"/> NO *If yes, please complete an allergy care plan.		
Parent or Guardian Contact Information		
Name (First, Last)		Relationship
Home Address (Street, City, Zip)		
Home Phone	Cell Phone	Email Address
Employer and Work Hours	Work Address (Street, City, Zip)	Work Phone
Name (First, Last)		Relationship
Home Address (Street, City, Zip)		
Home Phone	Cell Phone	Email Address
Employer and Work Hours	Work Address (Street, City, Zip)	Work Phone
Required Emergency Contact Information- person other than parent or guardian that is authorized to pick up child		
Name (First, Last)	Phone	Relationship
Name (First, Last)	Phone	Relationship
Non-Emergency Contact Information- person other than parent or guardian that is authorized to pick up child		
Name (First, Last)	Phone	Relationship
Name (First, Last)	Phone	Relationship
Medical Contact Information		
Insurance Provider and Policy Information (if applicable)		
Child's medical provider(s) or emergency care facility		Phone
Parent or Guardian Authorizations (not all of these authorizations are required in family child care)		
Please list any restrictions to permission of the following:		
My child may be taken on field trips or excursions by bus or private motor vehicle, as well as on neighborhood walking excursions under required supervision <input type="checkbox"/> Yes <input type="checkbox"/> No Note: A signed permission slip is required for all field trips out of the neighborhood.		
My child may use sunscreen <input type="checkbox"/> Yes <input type="checkbox"/> No My child may apply their own sunscreen under adult supervision. <input type="checkbox"/> Yes <input type="checkbox"/> No		
My child may be photographed and/or recorded for publicity or news purposes: <input type="checkbox"/> Yes <input type="checkbox"/> No This applies to: <input type="checkbox"/> On-site <input type="checkbox"/> Off-site photography and video.		
CC/SC/ONB: my child may participate in religious or cultural events described in center policy, including special occasions where food is being served. <input type="checkbox"/> Yes <input type="checkbox"/> No		
CC/SC only: I have reviewed a copy of this child care facility's current license certificate. <input type="checkbox"/> Yes <input type="checkbox"/> No		
I have received a written copy of the program's child care policies. <input type="checkbox"/> Yes <input type="checkbox"/> No		
In an emergency , the child care facility has my permission to call an ambulance or transport my child to any available physician or hospital at my expense to obtain medical treatment. In most emergencies, 911 is called and the child is transported to the nearest hospital and treated by the on-call physician. The parent or guardian of the child must be notified as soon as possible.		

Has your child previously been in child care? Yes No If yes, what type of care and for how long?

Child General Information – please include any information that will assist us in providing quality care for your child

General likes and dislikes

Eating habits and schedule

Sleeping habits and schedule

Developmental and health history that could affect the child's participation in child care

Interactions with other children

How does your child like to be comforted?

Child's home language

Are there family cultural backgrounds, traditions, beliefs, or interests that you would like to share with us?

Does your child have any special needs (IFSP, IEP etc.)? Yes* No **If yes, please complete a written care plan.**

Child Medical Information

Does your child have any chronic health issues or specific care needs (such as previous serious illnesses or injuries)? Yes* No **If yes, please complete a written care plan.**

Does your child regularly need medication, or have medications prescribed for continuous, long-term use? Yes No If yes, why?

Other Children in the Home

Name	Age	School or other information you want to share:
Name	Age	School or other information you want to share:
Name	Age	School or other information you want to share:
Name	Age	School or other information you want to share:

Enrollment form annual review or update(s). A center must have the parent or guardian review, update, and sign or initial the enrollment form at least annually. Please date and initial below anytime the enrollment information is reviewed and/or updated.

Date: _____ Parent initials: _____

Date: _____ Parent initials: _____

Date: _____ Parent initials: _____

Infant and Toddler Additional Enrollment Information

This form should be used in addition to the Child Enrollment Form (PR-0185)



Child's Name	Nickname	Birthdate	Current age:
Name of Parent(s)			Date filled out by parent:

Individual Interests

Does your child say any words? What do they mean?

What are child's favorite games, toys and things to do?

Any information that might be important or helpful to caregivers?

Any pets in your home? If yes, type of pet(s)?

Typical Daily Schedule

Sleep

7:00	Any special sleeping routines?
8:00	
9:00	Does your baby like to be rocked?
10:00	
11:00	Is your baby always put on his/her back to sleep?
12:00	
1:00	When does your baby usually sleep?
2:00	
3:00	How long is a typical sleep period?
4:00	
5:00	

Liquids

Foods

<input type="checkbox"/> Cup <input type="checkbox"/> Bottle <input type="checkbox"/> Parent on-site Milk: <input type="checkbox"/> Formula <input type="checkbox"/> Whole Milk <input type="checkbox"/> Skim <input type="checkbox"/> Breast <input type="checkbox"/> Other: Brand: _____ Type: <input type="checkbox"/> Powder <input type="checkbox"/> Ready to feed Temperature: <input type="checkbox"/> Heated <input type="checkbox"/> Room Temp <input type="checkbox"/> Cool Amount/Serving Size: Juice: <input type="checkbox"/> Apple <input type="checkbox"/> Orange <input type="checkbox"/> Apricot <input type="checkbox"/> Grape <input type="checkbox"/> Peach <input type="checkbox"/> Pineapple Any other liquids? _____ Amount: _____ Frequency: _____	What does your child eat? <input type="checkbox"/> Baby Food <input type="checkbox"/> Table/Finger Foods Types/Amount: _____ _____ _____ _____ _____ _____ _____
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Special Transportation Arrangements

The Child Care Licensing Division requires a written plan of the transportation arrangements between the child care facility and the parent or guardian of the child for extracurricular activities. The following indicates the child care facility's transportation plan:

_____ attends _____
(Child Name) (School)

They will be transported/escorted between the child care facility and the school by (check applicable type):

- School Bus Head Start Bus Child Care Facility arrive/depart unescorted with my permission

If my child is not at the designated pickup site, or does not arrive as planned, please contact

(check applicable type) Parent or Guardian *or* School, in order to confirm the child's whereabouts, as well as devise a plan as needed to locate the child.

My child also has permission to (**specify**, e.g. work with teacher after school, attend an extracurricular class or meeting, depart for home at specific time):

PARENT/GUARDIAN SIGNATURE

DATE

Non-prescription Permission Form

Child's Name: _____

If using non-medical items a **child care program** does not need to document each application but must:

- ✓ Have annual written parental authorization;
- ✓ Store non-prescription medication is in the original container, labeled with the child's name, dosage, and directions for administering.
- ✓ Use only as needed and according to manufacturer's instructions;
- ✓ Parental authorization over the phone is permitted for single dose administration of non-prescription medication. The date and time of the consent must be documented and signed by the parent upon picking up their child.

Non-medical items:

No documentation required

- Saline Nose Drops
- Baby powder or baby oil
- Lotion
- Insect Repellent
- Diaper cream
- Sunscreen

Other: _____

Non-prescription medication:

Must be documented when given

- Ibuprofen
- Acetaminophen
- Antihistamine
- Teething medications
- Cough Syrup
- Antibiotic cream
- Hydrocortisone cream

Other: _____

Parent/Guardian Signature: _____ Date: _____

This authorization is good for one year from the date signed unless revoked prior to that time.



Allergy Care Plan

Date received by child care:

CHILD INFORMATION

Child's Full Name

Group/Classroom

EMERGENCY CONTACTS

**The parent must be notified immediately of any suspected allergic reactions, or if the child came in contact with the allergen even if a reaction did not occur.*

Name	Relationship	Phone #

CHILD'S ALLERGY INFORMATION

My child has a severe allergy to:

Describe signs and symptoms of an allergic reaction (including asthma, if applicable):

How to avoid the allergen and prevent an emergency:

EMERGENCY RESPONSE PLAN

List the steps and procedures to follow during an emergency related to your child's allergy:

MEDICATIONS*

Medication Authorization Form must be completed for each medication.

Describe symptoms that would prompt emergency medication to be given.

Antihistamine
Inhaler
Epi-pen
Other

List medication to be given during an emergency:

Name of Medication	Dosage	Directions	Expiration Date

**If epinephrine is administered, emergency medical services must be contacted immediately, and CCLD by 5pm the next business day.*

SIGNATURES

Parent or Guardian Signature Date

Health Care Provider Signature (recommended) Date

Medication Authorization



Medication may be given to a child under the following conditions:

1. A medication authorization form signed and dated by the parent is on file. Complete a separate form for each medication.
2. Prescription medication is in the original container and labeled with the child's name, name of drug, dosage and directions for administering, date and physician's name.
3. For chronic medical conditions, a certified child care center may obtain permission for 12 months or less with specific instructions including when administration is needed, such as inhalers.
4. All medications are inaccessible to children, with child-resistant caps when available, and stored away from food.
5. Medications requiring refrigeration are kept in the refrigerator in a separate tightly covered container with a child-proof lock or latch, clearly marked medication.
6. Parents are informed daily of medications administered to their child.
7. **Programs must immediately document the administration of any medication.**

Child's Name: _____ Date: _____

Medication Name: _____ Dosage: _____

Time to be given: _____ How is the medication to be given: _____

Possible side effects: _____

Does this medication require refrigeration: yes / no Dates to be given from: _____ to _____

I authorize the child care program to dispense the above medication in accordance with the administration information.

Parent/Guardian Signature: _____ Date: _____

Date	Time	Dosage	Medication given by (signature)	Potential side effects observed

Written Care Plan



What Caregivers Need to Know

This Written Care plan document is a template to help you get to know the children in your care. A care plan can be used for any child and/or any time you need a place to record information about caring for a specific child. We want children to be cared for in a way that meets their needs and for caregivers to have the information they need to provide effective and equitable child care for all children in their care.

When is a written care plan needed?

A care plan is required if a child has:

- Any chronic health issues (such as a feeding tube or sensory issue);
- Specific care needs (for example, a previous serious illness or injury that may impact the child in some way);
- Medications prescribed for continuous, long-term use (like an inhaler for asthma);
- Allergies (this care plan or an Allergy Plan may be used); or
- A need for support(s) that is unique to that child.

For a child who experiences a disability and who has an established IFSP or IEP, this care plan can address the assistance or accommodations that are needed to support full access to routines and activities that occur in the child care environment and may be different than those that occur at school.

*When these issues are shared by a parent/guardian at enrollment, a written care plan should be developed at that time. A plan can also be written as needed, or anytime families need/want to share more information about their child. **The intent is to set up every child and YOU for success!***

Who fills out the plan?

The family completes the written care plan. It is not necessary to complete all sections of the form. Please use the portions that are helpful for the individual child or family and the child care program, based on the situation.

It is best if the plan is developed in collaboration with child care providers and anyone that has insight into the specific care needs for a child. This could include early intervention/early childhood special education (EI/ECSE) staff, specialists, healthcare providers and/or other family members. It's up to the family to decide who is a part of the child's "team." Being a part of the team does not mean the person must be present when the plan is written, only that they are connected to the child in some way.

How is the written care plan used?

The key is increased communication with families. A care plan is just a starting point for families and caregivers to share information and work together.

The plan should be readily accessible to those caring for children and all caregivers must be familiar with the plan. The plan should be reviewed with the family regularly and revised as needed.

The more you know about the children in your program, the better you can set up the child care environment to meet the needs of all children. **Please think of this as one more tool in your toolbox!**

Resources:

- [Child Care Licensing Division 1-\(800\) 556-6616](tel:1-800-556-6616)
- [Child Care Resource and Referral](#)
- [Inclusive Partners 1-\(866\) 837-0250](tel:1-866-837-0250)
- [Early Intervention/Early Childhood Special Education](#)
- CCLD Resource Library: <https://www.oregon.gov/delc/resources/Pages/default.aspx> has many other documents to support your program, such as RG-0741 Rule Guidance Written Care Plan .

Written Care Plan

Complete the portions that are helpful for your child and your child care provider. This plan can be used for any child or any time a place is needed to share information about caring for a child. It is not necessary to complete all sections of the form, please use the sections that are applicable and helpful for your child and child care provider.

Completed By					
Guardian's Name(s):					
ABOUT MY CHILD					
Child's First Name:	Last Name:	Middle:	Sex:	Birthdate:	Age:
My family wants you to know:					
My preferences include:					
Health Information: (please include information about previous serious illness or injury, or any ongoing health issues)					
Allergies:					
<input type="checkbox"/> Allergy care plan attached; or <input type="checkbox"/> Allergy care needs are included here as part of the written care plan					
Medication:					
<input type="checkbox"/> Medication Authorization form attached (if medication will be given by the child care)					
Modifications or accommodations may be needed for					
<input type="checkbox"/> Mobility <input type="checkbox"/> Vision <input type="checkbox"/> Learning <input type="checkbox"/> Hearing	<input type="checkbox"/> Orthopedic <input type="checkbox"/> Sensory Processing <input type="checkbox"/> Communication <input type="checkbox"/> Respiratory	<input type="checkbox"/> Stamina/Fatigue <input type="checkbox"/> Sleep <input type="checkbox"/> Feeding/Swallowing <input type="checkbox"/> Diet	<input type="checkbox"/> Maintaining Safety <input type="checkbox"/> Behavioral <input type="checkbox"/> Other:		
RECOMMENDATIONS					
Diet or Feeding:					
Activity:					
Napping/Sleeping:					
Toileting:					
Outdoor Play:					
Field Trips:					
Transportation:					

Adaptive or accessibility tools and equipment

1.

2.

3.

Situations and Experiences

Things that work for my child:

Things that may not work for my child:

Things that definitely do not work for my child:

When my child is feeling seen, heard, and valued, they:

When my child feels out of place, or upset, they may show this by:

When my child is upset, you can help them by:

Helpful strategies used at home:

EMERGENCY RESPONSE PLANS

CALL PARENTS /GUARDIANS if the following:

CALL 911 (EMERGENCY MEDICAL SERVICES) if the following:

TAKE THESE MEASURES while waiting for family members or medical help to arrive:

Special factors to consider in a facility emergency, like a fire:

Team Members / Support (Name, Program, & contact information, if applicable)		
Guardian(s)		
Primary Child Care Caregiver(s)		
Public/private School Teacher		
Health Care Provider (MD, NP)		
If desired, please add other members of your child's support team below (which may include but is not limited to: Occupational therapist (OT), Physical Therapist (PT), Speech/Language Therapist, Transportation, Social Worker, a Specialist, or other family members)		
INDIVIDUALIZED SERVICES: Parent permission is granted for these services to happen at the child care facility: (include type of service, how often, the name of the agency providing the service, and end date, if applicable)		
Action Plan (if relevant, specify any follow-up needed here)		
Action	Who	When
NOTES		

Date: _____

Parent Signature: _____

Applicable Oregon Administrative Rules: Registered Family Child 414-210-1050; Certified Family 414-360-1050; Certified Centers 414-305-1050; Certified School-age Centers: 414-310-0580 and Outdoor Nature Based Programs 414-320-1050.

You are entitled to language assistance services and other accommodation at no cost. If you need help in your language or other accommodation, please contact the DELC at 503-947-1400.