

PURDUE UNIVERSITY NORTH CENTRAL Panther Cubs Child Care

ENROLLMENT FORM

Parent Status: Student Faculty/Staff Date _____

1. Name of Child _____ Sex: M F
last first middle

2. Birth date _____ Age: _____ yrs. _____ mos.

3. Name by which child is most often called _____

4. Home address _____ Phone: _____
street

_____ city state zip

5. Father/Guardian _____ Occupation: _____
(circle one)

Business Address _____ Business Phone _____

6. Mother/Guardian _____ Occupation _____

(circle one)

Business Address _____ Business Phone _____

7. Family status: (check one) Married Separated Divorced

Single

8. Number of children in family _____

Name Age Name Age

1. _____ 3. _____

2. _____ 4. _____

9. Has your child had any previous school, play group, day care or baby sitter experience?

Please describe _____

10. Does your child have any allergies? Yes No

To what? _____

11. Have there been any major changes in your family; any crisis such as medical problems, divorce, etc. which may have affected your child?

12. What kinds of activities does your child enjoy? _____

13. How would you describe your child's personality and temperament?

happy
 high-strung

even tempered
 active

curious
 creative

outgoing
 shy

Other _____

14. Does your child have any particular fears, such as loud noises or certain animals?

Please describe _____

15. What is your usual method of reassuring and rewarding your child? _____

16. What is your usual method of disciplining your child? _____

17. Is your child talking yet? Yes No

What language(s) are spoken in your home? _____

18. At what age was your child toilet trained? _____

Did you encounter any difficulties? _____

What terms does the child use for toileting at home?

Urination _____ Defecation _____

19. Do you wish to be called from class for minor accidents? Yes No

All Minor Accidents Some (please specify) _____

20. When do you plan to use the child care center? How often? Please state days and times.

PURDUE UNIVERSITY NORTH CENTRAL

Panther Cub Child Care

CHILD HEALTH RECORD

Child's Name _____ Birth Date ____/____/____

Family Physician _____ Phone _____

Physician's Address _____

MEDICAL HISTORY

When was your child's last complete medical examination? _____
date

What childhood communicable diseases or repeated illnesses has your child experienced?
(Measles, chicken pox, mumps, scarlet fever, strep infection, inner ear infections, asthma,
allergies, etc.)

Has your child ever had any surgery, or serious injury? Please indicate dates and explain nature
of surgery or injury.

Has your child ever had any behavioral or emotional difficulties? Please explain.

Does your child have a physical disability or prolonged medical condition? Please explain.

What measures should be taken by the staff if a problem related to the disability or condition occurs? _____

May your child participate in the physical activities planned by the staff, both inside and outside of the LSF Building? Yes No (please explain)

RECORD OF IMMUNIZATIONS AND TESTS

According to the Indiana State Board of Health, to be considered adequately immunized and tested, a child of eighteen months or older should have received at least three DTP inoculations, three trivalent oral polio feedings, and inoculations against both measles and rubella. An intradermal tuberculin skin test must also have been performed and read.

Please indicate, for your child the month/year of each immunization or test.

	#1	#2	#3	#4	#5
DTP/Td Diphtheria, Tetanus, Pertussis					
POLIO - Oral Trivalent					
Measles - "Ten Day"					
Rubella "Three Day," "German"	_____				
*Mumps	_____				
Intradermal TB Test	_____				
	_____		_____		
	Date		Result		

*Recommended, but not required.

To the best of my knowledge, the statements and dates provided on this health record for my child are complete and correct.

Date

Signature of Parent or Guardian

REQUEST FOR ENROLLMENT

I, _____ parent or guardian request enrollment of my child _____
_____ into the PU/NC child care center. I have received and read
The Purdue University North Central Panther Cubs Child Care Parent Handbook. I agree to
follow the rules, regulations and procedures of the child care center.

Date

Signature of Parent or Guardian

PARENT AUTHORIZATION FOR EMERGENCY CARE

Name of Child _____

If emergency medical care ever becomes necessary, I give permission for my child to receive treatment as the child care center staff, in conjunction with the Purdue University North Central University Police, deems appropriate and necessary.

If an emergency arises, I hereby give permission for the persons listed below to be contacted. My child may be picked up by these persons in the event that I, the parent or legal guardian, cannot be reached.

If the need arises, I hereby give permission for child care center personnel to contact my family physician.

Date

Signature of Parent or Guardian

PERSONS AUTHORIZED TO SIGN MY CHILD INTO THE CHILD CARE CENTER

1. Name _____ Phone _____

Address _____

Relationship to Child _____

2. Name _____ Phone _____

Address _____

Relationship to Child _____

Note: Before releasing a child to any person other than the parent or guardian or parent's above noted designee enrolling the child in Panther Cubs Child Care, the child care center staff must have prior written permission from the parent or guardian on the daily sign in sheet to release the child to another authorized individual. Picture identification will be required of the parent's or guardian's designee prior to releasing the child.

In the event of a medical emergency that prevents the individual authorized to sign the child in to the child care center from signing the child out of the center, the below listed individual(s) has my permission to sign _____ out of the child care center until such time I revoke the permission in writing.

1. Name _____ Phone _____
Address _____
Relationship to Child _____
2. Name _____ Phone _____
Address _____
Relationship to Child _____

FINANCIAL AGREEMENT

I agree to pay the Purdue University North Central Panther Cubs Child Care **IN ADVANCE** for all scheduled hours of child care. In addition, should I incur any penalty charges, as outlined in the Panther Cubs Child Care Center Parent Handbook, I agree to pay those charges in full. I understand that **NO CASH OR PERSONAL CHECKS** can be accepted by the child care center staff. I **MUST PREPAY IN THE FINANCE (BURSAR'S) OFFICE, SWRZ 127 AND HAVE THE RECEIPT IN HAND UPON ARRIVING** at the center for child care services.

Date

Signature of Parent or Guardian