firefly
FAMILY COLLECTIVE

ENROLLMENT FORM

Child Information & Authorization

Reviewed and re-signed each year

✦ABOUT YOUR CHILD

CHILD'S FULL NAME

BIRTHDAY

NICKNAME

DATE ENTERED CARE

AGE AT ENTRY

HOME LANGUAGE

✦PARENTS & GUARDIANS

People we can reach during child care hours.

NAME

RELATIONSHIP

PHONE

NAME

RELATIONSHIP

PHONE

✦EMERGENCY CONTACTS

People we may call, and who are authorized to pick up, if we can't reach a parent or guardian. Anyone picking up must be 18 or older and may be asked for photo ID.

NAME

RELATIONSHIP

PHONE

NAME

RELATIONSHIP

PHONE

NAME

RELATIONSHIP

PHONE

✦MEDICAL & DENTAL

HEALTH INSURANCE COMPANY

POLICY NUMBER

CHILD'S DOCTOR

DOCTOR'S PHONE

CHILD'S DENTIST

DENTIST'S PHONE

ALLERGIES — PLEASE LIST EVERY ONE, AND COMPLETE AN ALLERGY CARE PLAN FOR SEVERE ALLERGIES

OTHER MEDICAL NEEDS, CHRONIC CONDITIONS, OR LONG-TERM MEDICATIONS

✦EMERGENCY MEDICAL AUTHORIZATION

I authorize Firefly Family Collective, and any employee 18 years of age or older, to consent to medical or surgical treatment for my child that such person deems advisable if a parent or legal guardian cannot reasonably be located when the child is brought for treatment. I acknowledge that my child is covered by the health insurance indicated above, and I agree that Firefly Family Collective will not be held liable for the costs of emergency transportation by ambulance or of medical treatment.

PARENT OR GUARDIAN SIGNATURE

DATE

✦PERMISSIONS

A check in the box indicates approval.

- [ ] In an emergency, Firefly Family Collective has my permission to call an ambulance or take my child to any available physician or hospital at my expense.
- [ ] In an emergency, Firefly Family Collective has my permission to obtain medical treatment for my child, except for the restrictions I've listed below.

RESTRICTIONS, IF ANY

- [ ] My child may be given **prescription medication**, with a completed medication authorization form and written instructions from my child's health care provider.
- [ ] My child may be given **non-prescription medication**, with a completed medication authorization form and written instructions from my child's health care provider.
- [ ] My child may go on field trips or excursions by walking, bus, or private motor vehicle, under required supervision.
- [ ] My child may use sunscreen provided by our family, applied by staff.
- [ ] My child may be photographed for publicity or news purposes. *(See the separate Photo & Media Release for social media and marketing.)*
- [ ] My child may be photographed for end-of-year class photos, which are shared with all enrolled families.

Please note: medication is administered only in accordance with our Medication Administration Policy. We do not give fever-reducing medication so that a child can stay in care.

✦CONFIRMATIONS

- [ ] I have reviewed a copy of this facility's current license certificate.
- [ ] I have received a written copy of the program's child care policies.
- [ ] All information on this form is complete and accurate, and I will notify Firefly Family Collective promptly of any change.

Signature

PARENT OR GUARDIAN SIGNATURE

DATE

✦ANNUAL REVIEW

Enrollment information is reviewed, updated, and initialed at least once a year.

DATE REVIEWED

DATE REVIEWED

DATE REVIEWED

PARENT INITIALS

PARENT INITIALS

PARENT INITIALS