firefly
FAMILY COLLECTIVE

REQUIRED · STATE OF OREGON

Child Enrollment Form

Oregon DELC PR-0185 · reviewed and initialed yearly

✦ABOUT YOUR CHILD

CHILD'S NAME (LAST, FIRST)

NICKNAME WE SHOULD USE

DATE OF BIRTH

DATE ENTERED CARE

AGE AT ENTRY

ALLERGY ALERT

Does your child have allergies? ☐ **Yes** ☐ **No**

If yes, please complete an Allergy Care Plan before the first day.

✦PARENT & GUARDIAN CONTACT INFORMATION

PARENT OR GUARDIAN 1

NAME (FIRST, LAST)

RELATIONSHIP TO CHILD

HOME ADDRESS (STREET, CITY, ZIP)

HOME PHONE

CELL PHONE

EMAIL ADDRESS

EMPLOYER AND WORK HOURS

WORK ADDRESS

WORK PHONE

PARENT OR GUARDIAN 2

NAME (FIRST, LAST)

RELATIONSHIP TO CHILD

HOME ADDRESS (STREET, CITY, ZIP)

HOME PHONE

CELL PHONE

EMAIL ADDRESS

EMPLOYER AND WORK HOURS

WORK ADDRESS

WORK PHONE

✦EMERGENCY CONTACTS

Required. Someone other than a parent or guardian who is authorized to pick up your child. Anyone picking up must be 18 or older and may be asked for photo ID.

NAME (FIRST, LAST)

PHONE

RELATIONSHIP TO CHILD

NAME (FIRST, LAST)

PHONE

RELATIONSHIP TO CHILD

✦NON-EMERGENCY CONTACTS

Someone other than a parent or guardian who is authorized to pick up your child.

NAME (FIRST, LAST)

PHONE

RELATIONSHIP TO CHILD

NAME (FIRST, LAST)

PHONE

RELATIONSHIP TO CHILD

✦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 in the space at the end.

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. ☐ **Yes** ☐ **No**

A signed permission slip is required for all field trips out of the neighborhood.

My child may use sunscreen. ☐ **Yes** ☐ **No**

My child may apply their own sunscreen under adult supervision. ☐ **Yes** ☐ **No**

My child may be photographed and/or recorded for publicity or news purposes. ☐ **Yes** ☐ **No**

This applies to: ☐ **On-site** ☐ **Off-site** *photography and video*

My child may participate in religious or cultural events described in program policy, including special occasions where food is being served. ☐ **Yes** ☐ **No**

I have reviewed a copy of this child care facility's current license certificate. ☐ **Yes** ☐ **No**

I have received a written copy of the program's child care policies. ☐ **Yes** ☐ **No**

RESTRICTIONS TO ANY OF THE PERMISSIONS ABOVE

✦EMERGENCY MEDICAL AUTHORIZATION

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.

PARENT OR GUARDIAN SIGNATURE

DATE

✦ANNUAL REVIEW & UPDATES

We'll ask you to review, update and initial this form at least once a year — and any time something changes. Please date and initial below each time we go through it together.

DATE

PARENT INITIALS

DATE

PARENT INITIALS

DATE

PARENT INITIALS

✦GETTING TO KNOW YOUR CHILD

Anything you share here helps us give your child better care. There are no wrong answers.

Has your child previously been in child care? ☐ **Yes** ☐ **No**

IF YES — WHAT TYPE OF CARE, AND FOR HOW LONG?

GENERAL LIKES AND DISLIKES

EATING HABITS AND SCHEDULE

SLEEPING HABITS AND SCHEDULE

DEVELOPMENTAL AND HEALTH HISTORY THAT COULD AFFECT YOUR CHILD'S PARTICIPATION IN CHILD CARE

INTERACTIONS WITH OTHER CHILDREN

HOW DOES YOUR CHILD LIKE TO BE COMFORTED?

CHILD'S HOME LANGUAGE

FAMILY CULTURAL BACKGROUNDS, TRADITIONS, BELIEFS OR INTERESTS YOU'D 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 — WHAT FOR?

✦OTHER CHILDREN IN THE HOME

NAME	AGE	SCHOOL, OR ANYTHING ELSE YOU'D LIKE TO SHARE