



Child Enrollment Form

Enrollment Date: _____

Child's Full Name: _____ DOB: _____

Type of Account: Private DHS Tribal CAP

<p style="text-align: right; margin-bottom: 0;">Authorized Caregiver:</p> <p>Relationship to Child: <input type="checkbox"/> Biological <input type="checkbox"/> Step-Parent <input type="checkbox"/> Foster <input type="checkbox"/> Adopted <input type="checkbox"/> Other _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____ ST _____ Zip _____</p> <p>Cell#: _____ Cell Carrier: _____</p> <p>Email: _____</p> <p>Place of Employment: _____</p> <p>Work#: _____ ext: _____</p> <p>Driver License#: _____ ST _____</p>	<p style="text-align: right; margin-bottom: 0;">Authorized Caregiver:</p> <p>Relationship to Child: <input type="checkbox"/> Biological <input type="checkbox"/> Step-Parent <input type="checkbox"/> Foster <input type="checkbox"/> Adopted <input type="checkbox"/> Other _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____ ST _____ Zip _____</p> <p>Cell#: _____ Cell Carrier: _____</p> <p>Email: _____</p> <p>Place of Employment: _____</p> <p>Work#: _____ ext: _____</p> <p>Driver License#: _____ ST _____</p>
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The following individuals are authorized to be notified in case of an emergency and pick up this child from Big Hearts Little Hands:

	Emergency/Pick #1		Emergency/Pick #2		Emergency/Pick #3	
	Yes	No	Yes	No	Yes	No
Name of Person						
Relationship to Child						
Emergency Contact						
Cell Number						
Driver License #						

I authorize Big Hearts Little Hands to administer CPR/First Aid to this child and/or take them to a nearby medical facility in case of an emergency. This form also serves a release for the treating facility to perform the necessary procedures for this child in case I am unable to be reached or present at the time of initial treatment.

Authorized Signature

Date

Court Orders on File: Yes No



Cultural Diversity and Awareness:

I would like to share with my child's class our family cultures and/or traditions Yes No

Immunization Record:

A copy of your child's immunization record is required to be maintained on file. An immunization record or exemption must be obtained by Big Hearts Little Hands by the first day of attendance and is required to be updated when the child receives additional vaccinations. **Parent/guardian must provide a copy of the current updated immunization record to Big Hearts Little Hands.**

I authorize Big Hearts Little Hands Learning Center to access my child's immunization record through the state documentation system OSIIS.

Health Record:

Child's physician/clinic Phone

Street Address City OK Zip

Insurance Carrier Policy #

I understand a Medication Permission Record must be signed by a parent/guardian prior to the administration of any medication to my child.

Does your child have any known allergies? Yes No
If yes, list allergies and reaction

Does the known allergy require any special precautions, actions or medication? Yes No
If yes, please explain

Are there any special considerations that would assist the staff in providing care to your child? Yes No
If yes, please describe

Will your child receive any specialized services from professionals outside of Big Hearts Little Hands? Yes No

If yes, I understand a signed and dated parent/guardian permission is required

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I give permission to Big Hearts Little Hands to complete health/development screenings for speech development testing, hearing and vision testing, and/or physical or occupational therapy. These screening will be conducted by Big Hearts Little Hands personnel or by an outside professional agency. Yes No

Transportation:

What school does your child attend? _____

When will they need care? Before school only Before and After school After school only

I give Big Hearts Little Hands permission to transport my child under the following circumstances:

Select all that apply:

- To and from above named school
- Field trips
- In case of an emergency and I cannot be reached
- Other, Specify:

I understand, if my child does not follow the rules of transportation to and from school they will be suspended from the ability to ride for a designated period of time. Length of suspension will be determined on a case by case basis by the management.

Annual Review: Please review enrollment form for accuracy, if no changes needed to be made please sign and date below.

Date	Signature