

CHILD CARE ENROLLMENT

Use of form: Use of this form is mandatory for Family Child Care Centers to comply with DCF 250.04(6)(a)1. Failure to comply may result in issuance of a noncompliance statement. This form may also be used by Group Child Care Centers and Day Camps to comply with DCF 251.04(6)(a)1. and DCF 252.41(4)(a)1. respectively. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

Instructions: The parent / guardian shall fill out the form completely, sign it and submit it to the center prior to the child's first day of attendance. Information on this form shall be kept current. When enrolling a child under two years of age, a completed *Intake for Child Under 2 Years* form must also be on file prior to the child's first day of attendance.

CHILD INFORMATION

| | | |
|------------------------|------------------------|-------------------------|
| Name (Last, First, MI) | Birthdate (mm/dd/yyyy) | First Day of Attendance |
|------------------------|------------------------|-------------------------|

PARENT OR GUARDIAN – All parents / guardians are permitted to visit during center hours and are allowed to pick up the child unless access is prohibited or restricted by a court order. Attach court order, if any. If the child resides at multiple locations, the department recommends the provider obtain and attach a schedule.

| | | |
|-----------------------------------|-----------------------|--|
| a. Name and Relationship to Child | Home / Cell Phone No. | Email Address Where Reachable While Child is in Care |
|-----------------------------------|-----------------------|--|

| | | |
|---|---|--|
| Home Address (Street, City, State, Zip) | Does child reside at this location? <input type="checkbox"/> Yes <input type="checkbox"/> No | Place of Employment and Work Phone No. |
|---|---|--|

| | | |
|-----------------------------------|-----------------------|--|
| b. Name and Relationship to Child | Home / Cell Phone No. | Email Address Where Reachable While Child is in Care |
|-----------------------------------|-----------------------|--|

| | | |
|---|---|--|
| Home Address (Street, City, State, Zip) | Does child reside at this location? <input type="checkbox"/> Yes <input type="checkbox"/> No | Place of Employment and Work Phone No. |
|---|---|--|

AUTHORIZED PERSONS – Persons other than parents / guardians who are authorized to pick up the child or accept the child if dropped off. If no one, write "None."

| | | | |
|-----------------------------------|-----------------------|--|--|
| a. Name and Relationship to Child | Home / Cell Phone No. | Email Address Where Reachable While Child is in Care | Place of Employment and Work Phone No. |
|-----------------------------------|-----------------------|--|--|

| | | | |
|-----------------------------------|-----------------------|--|--|
| b. Name and Relationship to Child | Home / Cell Phone No. | Email Address Where Reachable While Child is in Care | Place of Employment and Work Phone No. |
|-----------------------------------|-----------------------|--|--|

EMERGENCY CONTACT – The person to be notified in an emergency when parents / guardians cannot be reached.

| | | | | |
|--|--------------------------------|-----------------------|--|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No This person is authorized to pick up the child. | Name and Relationship to Child | Home / Cell Phone No. | Email Address Where Reachable While Child is in Care | Place of Employment and Work Phone No. |
|--|--------------------------------|-----------------------|--|--|

PHYSICIAN OR MEDICAL FACILITY

| | | |
|------|---|------------------|
| Name | Address (Street, City, State, Zip Code) | Telephone Number |
|------|---|------------------|

AUTHORIZATIONS

Yes No I hereby give my consent for emergency medical care or treatment to be used only if I cannot be reached immediately.
 Yes No I have had an opportunity to review the policies of this child care center and a summary of the Wisconsin Rules for Licensing Child Care Centers.
 Yes No I give permission for my child to participate in Transported Walking field trips and other activities during operating hours.
 Yes No I have been informed of the number of pets in the center and their degree of contact with the enrolled children. Note: If pets are added after a child is enrolled, parents shall be notified in writing prior to the pet's addition to the center.

SIGNATURE – Parent or Guardian

Date Signed

Monona Grove Nursery School Inc.

4200 Buckeye Road, Madison, Wisconsin 53716

If there are other people who are cleared to pick up your child, and you did not have room on the front of this sheet, please add them here:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Marketing Materials Permission

I grant permission to include my child's image (photo, video/audio, or artist rendered) to be used for marketing and publicity materials for the Monona Grove Nursery School, Inc. for such purposes as to promote and/or offer information about our programs.

Yes

No

Parent Signature _____ Date _____

Peanut Free School

I understand that MGNS is a peanut free school, and will be careful to bring snacks and pack lunches that are free of peanuts or peanut products.

Parent Signature _____ Date _____