

CHILD CARE ENROLLMENT

Use of form: Use of this form is mandatory for Family Child Care Centers to comply with HFS 45.04(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, Day Camps, and certified Day Care Homes to comply with HFS 46.04(6)(a)1., HFS 55.41(4)(a)1. and DWD 55.08(12)(f) respectively. Personally identifiable information gathered on this form will be used only to verify compliance with the above-mentioned rules.

Instructions: The parent / guardian shall complete this form and submit it to the center prior to the child's first day of attendance. Information on this form shall be kept current.

Licensed Child Care Centers: If child is under two years of age, CFS-61, Intake for Child Under 2 Years, must also be completed prior to the child's first day of attendance.

CHILD INFORMATION

| | | | | |
|------------------------|---|------------------|------------------------|-------------------------|
| Name (Last, First, MI) | Address – Home (Street, City, State, Zip) | Telephone Number | 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.

| Relationship to Child | Name | Address – Home (Street, City, State, Zip) | Home / Cell Telephone No. | Name and Address – Place of Employment OR Where Reachable While Child is in Care | Telephone No. |
|-----------------------|------|---|---------------------------|--|---------------|
| Mother | | | | | |
| Father | | | | | |
| Guardian | | | | | |
| Guardian | | | | | |

PERSONS OTHER THAN PARENTS / GUARDIANS WHO ARE AUTHORIZED TO PICK UP CHILD – Provide information requested for each person. If no one, write "None."

| Relationship to Child | Name | Address – Home (Street, City, State, Zip) | Home / Cell Telephone No. | Name and Address – Place of Employment OR Where Reachable While Child is in Care | Telephone No. |
|-----------------------|------|---|---------------------------|--|---------------|
| | | | | | |
| | | | | | |

EMERGENCY CONTACT – Provide information for the person to contact when parents / guardians cannot be reached.

Yes No This person is authorized to pick up the child.

| Relationship to Child | Name | Address – Home (Street, City, State, Zip) | Home / Cell Telephone No. | Name and Address – Place of Employment OR Where Reachable While Child is in Care | Telephone No. |
|-----------------------|------|---|---------------------------|--|---------------|
| | | | | | |

PHYSICIAN OR MEDICAL FACILITY

| | | |
|------|---------|------------------|
| Name | Address | Telephone Number |
|------|---------|------------------|

AUTHORIZATION

- 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 field trips and other activities during operating hours. Transported Walking
- 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
