



Aspen Child Development Center

2012 Child Enrollment Form

Child's Name: _____

Date of Birth: _____

Enrollment Date: _____

Withdraw Date: _____

Parent or Guardians Home Address and Employment Address: DO NOT LEAVE ANY BLANK

Father: (or Guardian)

Social Security Number: _____

Name: _____

Employer: _____

Address: _____

Address: _____

City: _____ Phone: _____

City: _____ Phone: _____

Cell Phone: _____

Email: _____

Mother: (or Guardian)

Social Security Number: _____

Name: _____

Employer: _____

Address: _____

Address: _____

City: _____ Phone: _____

City: _____ Phone: _____

Cell Phone: _____

Email: _____

Person(s) to whom this Child may be Released to by Aspen CDC: (If no one, please write "NONE")

Name: _____

Name: _____

Address: _____

Address: _____

City: _____ Phone: _____

City: _____ Phone: _____

Cell: _____ Relationship: _____

Cell: _____ Relationship: _____

Person(s) who will take Responsibility for this Child in an Emergency When the Parent (or Guardian) cannot be reached: (ONE NAME MUST BE GIVEN)

Name: _____

Name: _____

Address: _____

Address: _____

City: _____ Phone: _____

City: _____ Phone: _____

Cell: _____ Relationship: _____

Cell: _____ Relationship: _____

PARENTS: PLEASE FILL IN ALL THE BLANKS

Consent to Contact Physician in Emergency: In the event I cannot be reached to make arrangements, I hereby give my consent to Aspen CDC to contact my child's Physician:

Doctor: _____ Office: _____

Address: _____ Phone Number: _____

And if necessary take my child to the following hospital: _____

(Signature of Parent/Guardian) (Date)

Child's Medical Information:

Any Health problems which caregiver should know: _____

Medications: _____

Physical assistance devices (glasses, hearing aids, wheelchair, etc.): _____

Company providing health and/or accident insurance coverage: _____

**** We are required by Nebraska Health and Human Services Childcare Licensing to have a record of immunization or written refusal of immunization on file It must be current every time your child has shots or is due for shots.**

Competency Statement: I, _____ (Parent or Guardian's Name) have determined Aspen Child Development Center staff competent to give or apply medication to my child. I understand that the Program Director has the responsibility to assess the ability of staff to give or apply prescription medication safely and may give or apply prescription medication that I provide with written directions and the appropriate dispenser, to my child.

(Signature of Parent/Guardian) (Date)

Photo Release Form: I hereby give permission to the Aspen CDC to use any photographs, slides, and videos in which my child appears, on any publication that Aspen Investments, LLC distributes. This would include any newspaper advertising, fliers, brochures, power point presentations, posters, Aspens website, or other forms of advertising and public relations used to promote the services of Aspen Child Development Center. Your child's photo **will not** be used on any social media sites such as Facebook.

(Signature of Parent/Guardian) (Date)

I do not wish for Aspen to use my child's photo for anything other than the inside of the center. (**Room use only**)

(Signature of Parent/Guardian) (Date)

PARENTS: PLEASE FILL IN ALL THE BLANKS

Walking Outings: My child may be taken on outings away from the Center that are within walking distance. This includes buggy and stroller rides.

(Signature of Parent/Guardian)

(Date)

Field Trip Permission Form:

My child may be taken on field trips, in a company vehicle/van, driven by a licensed, insured, appropriately trained employee of Aspen Investments, LLC (documented and directed by the Executive or Program Directors.) I understand that I will be notified in advance of these plans. I also understand that all children will be transported according to the Nebraska Child Safety Laws. I will provide an appropriate child restraint (car seat) for my child when necessary.

(Signature of Parent/Guardian)

(Date)

Transportation:

In the event of an emergency I give permission to Aspen CDC to transport my child with out major medical injuries, to the nearest hospital or my doctor’s office. I understand staff will insure that my child is placed in the appropriate safety restraint as indicated by Nebraska law at all times when the vehicle is in motion.

(Signature of Parent/Guardian)

(Date)

Family Handbook:

I have been given an updated copy of the Aspen CDC family handbook. I have read the hand book, and understand that the policies in the hand book have been put into place for reasons in accordance with the Nebraska Department of Health and Human Services Child Care Licensing Division.

(Signature of Parent/Guardian)

(Date)

Change of Information:

I understand all of the above information and understand the importance of keeping my child’s enrollment record up to date. If our family shall move, change jobs, or our contacts need to be changed I understand that I need to fill out a new Enrollment record so that Aspen CDC has the most current information available in case of an emergency.

I certify that the above information is correct to the best of my knowledge.

(Signature of Parent/Guardian)

(Date)

