

**APPLETIME CHILD CARE, INC.  
ENROLLMENT FORM**

Today's Date \_\_\_\_\_ Start Date \_\_\_\_\_

Child's Full Name \_\_\_\_\_ Nickname \_\_\_\_\_  
Birth Date and Year \_\_\_\_\_ Age \_\_\_\_\_ Sex M or F \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_

Parent's Names \_\_\_\_\_

Parents are: At the same address    Not at the same address    Divorced    Widowed  
If not at the same address, whom is child living with?  
\_\_\_\_\_

If divorced, who has legal custody \_\_\_\_\_

Mom's Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
Work Phone \_\_\_\_\_ Ext. \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Pager \_\_\_\_\_ Work Hours \_\_\_\_\_

Dad's Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
Work Phone \_\_\_\_\_ Ext. \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Pager \_\_\_\_\_ Work Hours \_\_\_\_\_

Which parent should be contacted first in case of emergency, injury or illness? Mom or Dad

In case of an emergency, injury or illness, if the parents cannot be contacted, please list **two** people to be contacted and who you authorize to remove your child from our care.

1. Name \_\_\_\_\_ Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Relation \_\_\_\_\_

2. Name \_\_\_\_\_ Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Relation \_\_\_\_\_

Other than parents and contacts, do you authorize anyone else to remove your child from our care? Yes or No    If yes, please list:

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

Child's Clinic \_\_\_\_\_ Physician's Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Child's Dental Clinic \_\_\_\_\_ Dentist's Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone Number \_\_\_\_\_

List the specifics of all medical conditions / allergies that the staff should be aware of and treatment, if any: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your child been hospitalized? Yes or No If yes, please describe: \_\_\_\_\_

Has your child had any serious accidents, injuries, or poisonings? Yes or No If yes, describe: \_\_\_\_\_

What medication is your child taking and why? \_\_\_\_\_

Is your child toilet trained? \_\_\_\_\_ Comments: \_\_\_\_\_

Does your child nap regularly? Yes or No If yes, what times? \_\_\_\_\_

Child's Temperament: \_\_\_\_\_

Special Interests and Likes: \_\_\_\_\_

Definite Dislikes and Fears: \_\_\_\_\_

How did you hear about Appletime? \_\_\_\_\_

Additional Comments and Concerns: \_\_\_\_\_

**PLEASE READ BELOW:**

I give permission to Appletime to take whatever emergency measures that is judged necessary for the care and protection of my child while under supervision of the center.

In case of medical emergency, I understand that my child will be transported to the nearest hospital if the emergency resources deem it necessary. It is understood that in some medical situations the staff will need to contact 911 before the parents, the child's physician, and / or other adult acting on the parent's behalf can be reached. The closest hospital for the Rogers location is North Memorial. I understand that payment of the ambulance is the responsibility of the child's parents or legal guardian.

I understand that Appletime will cooperate with state and local government disaster planning agencies working to prepare for or react to emergencies presented by a pandemic outbreak.

I give my child permission to take part in all of the centers activities and absolve the center from liability to me or my child because of injury to my child at the center or during any center sponsored activities.

Prior to any research, experimental procedures, or a public relations activity involving your child, we will obtain your written permission along with a detail of the activity. I give permission for my child to appear in pictures that are displayed in the center in bulletin boards, photo albums, etc.

I understand that Appletime is a program licensed facility by the State of Minnesota and hereby give permission for my child's information file to be reviewed by licensing and health consultants.

I also agree to pay Appletime the weekly or daily tuition rate due for my child's care. Should I need to change the status of my child's enrollment, a two week notice is required. To terminate my child's enrollment, a two week notice is also required.

Appletime closes at 6:30 PM and I agree to pay \$10.00 per child for every 15 minutes after 6:30 PM. I have received and read a copy of the parent policies. I agree to these regulations, and if at anytime I have a question or concern, I shall contact the director.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**APPLETIME CHILDCARE, INC.  
NON PRESCRIPTION MEDICINE FORM**

Child's Name \_\_\_\_\_

I give permission for Appletime Childcare to administer / apply the following over the counter ointments, cough syrups, etc. By checking the appropriate space below. I understand that these are items I will be supplying.

\_\_\_\_\_ Fever Reducing Medication

\_\_\_\_\_ Sunscreen

\_\_\_\_\_ Cough Syrup

\_\_\_\_\_ Hand lotion

\_\_\_\_\_ Insect Repellant

\_\_\_\_\_ Diaper Rash Ointment / Powder

\_\_\_\_\_ Diaper Wipes

\_\_\_\_\_ Other: \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**APPLETIME PERMISSION SLIP**

\_\_\_\_\_ has my permission to participate in publicity, walks, and on any fieldtrips that Appletime plans. I understand that before any trips involving transportation, I will be notified beforehand.

**Parent Signature:** \_\_\_\_\_