

### Child Enrollment and Health History – Certified Child Care

**Use of form:** Use of this form is voluntary. However, completion of this form meets the requirements of DCF 202.08(9)(d), 202.08(12)(f) and DCF 202.09(7)(b). If you are both certified and licensed family child care, you are required to use the forms *DCF-F-CFS0062 Child Care Enrollment* and *DCF-F-CFS2345 Health History and Emergency Care Plan*. Failure to comply with program regulations may result in the issuance of a noncompliance statement. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

**Instructions – Parent / Guardian:** The parent / guardian shall fill out the form completely, sign it and submit it to the certified provider prior to the child’s first day of attendance. Do not leave any fields blank. If they do not apply, enter “N/A” or “none.” The parent / guardian should maintain ongoing communication with the child care to ensure the information on this form is kept current. When enrolling a child under two years of age, a completed *DCF-F-CFS0061-E Intake for Child Under 2 Years – Child Care Centers* must also be on file prior to the child’s first day of attendance.

**Instructions – Child Care:** The completed and signed form shall be obtained prior to the child’s first day of attendance, maintained in the child’s file on the premises, and available for review by the regulating agency. Review the form to ensure that no fields have been left blank. Pay particular attention to the Birthdate and First Day of Attendance fields, and check to ensure that the form has been signed by the parent and dated. The child care shall maintain a system of communication with the parent / guardian to ensure the information on this form is kept current. A section is available at the end of this form where the child care may record the dates they reviewed or updated the information on the form. When enrolling a child under two years of age, a completed *DCF-F-CFS0061-E Intake for Child Under 2 Years – Child Care Centers* must also be on file prior to the child’s first day of attendance.

**A. CHILD INFORMATION**

Name (Last, First, MI)	Birthdate (mm/dd/yyyy)	First Day of Attendance
Address – Home (Street, City, Zip Code)		Telephone Number

**B. 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.**

1. Name and Relationship to Child	Email Address Where Reachable While Child is in Care
Home Address (Street, City, State, Zip)	Home / Cell Phone No.
Does child reside at this location? <input type="checkbox"/> Yes <input type="checkbox"/> No	Place of Employment and Work Phone No.

2. Name and Relationship to Child	Email Address Where Reachable While Child is in Care
Home Address (Street, City, State, Zip)	Home / Cell Phone No.
Does child reside at this location? <input type="checkbox"/> Yes <input type="checkbox"/> No	Place of Employment and Work Phone No.

**C. 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."**

1. 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.
2. 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.

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

Yes  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.

**E. PHYSICIAN OR MEDICAL FACILITY**

Name	Address (Street, City, State, Zip Code)	Telephone Number
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**F. HEALTH HISTORY AND EMERGENCY CARE PLAN** If available, attach any health care plan information from the child's physician, therapist, etc.

1.  Yes  No Does your child have any special medical condition? If Yes, check all that apply.

Milk allergy. If a child is allergic to milk, attach a statement from the medical professional indicating the acceptable alternative.

Food allergies – Specify food(s):

Gastrointestinal or feeding concerns including special diet and supplements. If the child has a medical condition, excluding food allergy, that requires a special diet including nutrient concentrates and supplements, attach the written authorization from the child's physician.

Non-food allergies – Specify:

Any disorder including Cognitively Disabled, LD, ADD, ADHD, or Autism

Asthma

Cerebral palsy / motor disorder

Diabetes

Epilepsy / seizure disorder

Other condition(s) requiring special care – Specify:

2. Triggers that may cause problems – Specify.

3. Signs or symptoms to watch for – Specify.

4. Steps the child care provider should follow. If prescription or non-prescription medication is necessary, parental authorization is required and should be attached. The form *DCF-F-CFS0059-E Authorization to Administer Medication – Child Care Centers* may be used by certified programs to comply with DCF 202.08(4)(f).

5. When to call parents regarding symptoms or failure to respond to treatment.

6. When to consider that the condition requires emergency medical care or reassessment.

7. Additional information that may be helpful to the child care provider.

**G. AUTHORIZATION – SUNSCREEN / INSECT REPELLENT** – If provided by the parent / guardian, the sunscreen or insect repellent shall be labeled with the child’s name. Authorizations shall be reviewed periodically and updated as necessary.

1. <input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to apply sunscreen to my child. <input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to allow my child to self-apply sunscreen.	Sunscreen Brand Name	Ingredient Strength
2. <input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to apply repellent to my child. <input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to allow my child to self-apply repellent.	Repellent Brand Name	Ingredient Strength

**H. AUTHORIZATION – EMERGENCY MEDICAL TREATMENT**

Yes  No I hereby give my consent for emergency medical care or treatment to be used only if I cannot be reached immediately.

**I. AUTHORIZATION – FIELD TRIPS / TRANSPORTATION**

- 1.  Yes  No I give permission for my child to be transported to and from the center.
- 2.  Yes  No I give permission for my child to participate in  **Transported**  **Walking** field trips and other activities during operating hours.
- 3.  Yes  No I hereby give permission for my school-aged child to enter a building unescorted.

**J. ATTESTATION**

- 1.  Yes  No I have had an opportunity to review the policies of this child care center and a summary of the Wisconsin rules, DCF 202, governing certified child care programs.
- 2.  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.

**K. SIGNATURE**

<b>SIGNATURE</b> – Parent or Guardian	Date Signed
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Review dates: \_\_\_\_\_