

Almost Home Child Development Center
Office Information Form 12/05
DAY CARE CHILD ENROLLMENT AND HEALTH HISTORY

Use of form: The parent / guardian should complete this form for placement in the child's file at the center. Under the provisions of HFS 45.03(5)(a), this form must be completed and maintained in the child's file at the family day care center. Failure to comply may result in the issuance of a noncompliance statement. This form may also be used by group day care centers to comply with HFS 46.04(6)(a)1, by day camps to comply with HFS 55.41(4)(a)1 and by certified day care homes to comply with DWD 55.08(12)(f). Personally identifiable information requested on this form is collected for identification purposes and to ensure compliance with licensing requirements. It is not likely to be used for purposes other than that for which it is originally being collected. **Licensed Family / Group Day Providers:** When enrolling a child under two years of age, attach completed "Day Care Intake for Child Under 2 Years", CFS-61.

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 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)	Telephone No.	Work Address OR Address Where Reachable While Child is at Facility	Telephone No.
Mother					
Father					
Guardian					
Guardian					

PERSONS AUTHORIZED TO CALL FOR YOUR CHILD - Provide the information requested for each person authorized to call for your child.					
Relationship to Child	Name	Address - Home (Street, City, State, Zip)	Telephone No.	Work Address OR Address Where Reachable While Child is at Facility	Telephone No.

EMERGENCY CONTACT - List information of person to contact when mother, father or guardian cannot be reached.					
Relationship to Child	Name	Address - Home (Street, City, State, Zip)	Telephone No.	Work Address OR Address Where Reachable While Child is at Facility	Telephone No.

PHYSICIAN OR MEDICAL FACILITY		
Name	Address	Telephone Number

AUTHORIZATION	
<input type="checkbox"/> Yes <input type="checkbox"/> No	I hereby give my consent for emergency medical care or treatment to be used only if I cannot be reached immediately.
<input type="checkbox"/> Yes <input type="checkbox"/> No	I have had an opportunity to review the policies of this day care center and a summary of the Wisconsin Rules for Licensing Day Care Centers.
<input type="checkbox"/> Yes <input type="checkbox"/> No	I give permission for my child to participate in field trips and other activities during operating hours. <input type="checkbox"/> Transported <input type="checkbox"/> Walking

SIGNATURE - Parent or Guardian	Date Signed
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HEALTH HISTORY AND EMERGENCY CARE PLAN

Use of form: This form "Health History and Emergency Care Plan", page 2 of CFS-62, is required in group day care centers under HFS 46.04(6)(a)6. This form should remain with the child during the hours the child is present in the child care center. A review by parents and staff should occur at least every six months or when additional information is necessary.

1. Check any special medical condition that your child may have.

Food allergies - Specify food(s).

Non-food allergies - Specify.

Asthma

Diabetes

Epilepsy / seizure disorder

Gastrointestinal or feeding concerns including special diet and supplements

Cerebral palsy / motor disorder

Emotional / behavior disorder including ADD or ADHD

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 medications are necessary, a copy of the "Authorization to Administer Medication" form (CFS-59) should be attached to this form. Indicate any day care staff who have received specialized training / instructions to help treat symptoms.

a.

b.

c.

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.

SIGNATURE - Parent or Guardian

Date Signed

Review dates: