

# CCS Extended Care Enrollment and Authorization Form

**Name of Child** \_\_\_\_\_ **Nickname** \_\_\_\_\_

Birthdate \_\_\_\_\_ Date entered care \_\_\_\_\_ Age at entry \_\_\_\_\_

Does your child have allergies? Yes \_\_\_\_\_ No \_\_\_\_\_ To what? \_\_\_\_\_

Please list details \_\_\_\_\_

Parent(s) or Guardian(s) Contact Information:

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

Best Phone # \_\_\_\_\_ Type: \_\_\_\_\_ (home, cell) E-mail \_\_\_\_\_

Phone # \_\_\_\_\_ Type: \_\_\_\_\_ Phone # \_\_\_\_\_ Type: \_\_\_\_\_

Employer \_\_\_\_\_ Work Hrs \_\_\_\_\_ Phone # \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City State Zip

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

Best Phone # \_\_\_\_\_ Type: \_\_\_\_\_ (home, cell) E-mail \_\_\_\_\_

Phone # \_\_\_\_\_ Type: \_\_\_\_\_ Phone # \_\_\_\_\_ Type: \_\_\_\_\_

Employer \_\_\_\_\_ Work Hrs \_\_\_\_\_ Phone # \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City State Zip

We always try to contact you first. However, we are required to have an emergency contact OTHER THAN parents. These people are also authorized to pick up your child from the facility. Please list all appropriate phone numbers.

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

Phone \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

Phone \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Other people authorized to pick up child in non-emergency situations:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Enrollment and Authorization Form, Cont.**

**Name of Child** \_\_\_\_\_ **Nickname** \_\_\_\_\_

Medical Provider \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Information \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Has your child had chickenpox? Yes \_\_\_\_ No \_\_\_\_

What types of health problems does your child have, and what do we need to know to provide the best possible care? Do these restrict your child's activities?

\_\_\_\_\_  
\_\_\_\_\_

Please give any information concerning your child, which will assist us in providing the best care for your child:

\_\_\_\_\_  
\_\_\_\_\_

Typical Extended Care hours for my child will be (please list days and times): \_\_\_\_\_

\_\_\_\_\_

Special Transportation Arrangements: If you need to make arrangements for your child to participate in extra-curricular activities, work with a tutor, etc. or be transported to/from Extended Care at varied times, please submit a signed, written plan to the CCS office at least one day BEFORE the special arrangements need to be made.

**My signature gives permission for the following:**

In an emergency, CCS has my permission to call an ambulance or to take my child to any available physician or hospital at my expense and to obtain medical treatment for my child. In most emergencies, 911 is called and the child is transported to the nearest hospital and seen by the doctor on call. (Parents are always notified as soon as possible)

Please list any restrictions to permission: \_\_\_\_\_

My child may be given non-prescribed medication as indicated on the container, including sunscreen, antibacterial first aid cream, and children's pain reliever. (We will contact parents prior to administering non-prescription pain relievers.) Syrup of ipecac may be administered if deemed necessary by the poison control operator. Prescription medications must be current and require permission slips for each medication.

My child may be photographed for publicity or news purposes \_\_\_\_\_ on site \_\_\_\_\_ off site

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

*We appreciate your help in updating these forms regularly to keep the most current information and emergency contacts for your child. We want to work together in meeting your child's needs and encourage you to talk with us whenever necessary.*