



FunShine Early Learning Center  
2700 South College Ave  
Fort Collins CO 80525  
970-377-2824

### Child Enrollment Form

Date of Enrollment \_\_\_\_\_ Password (required at every pickup) \_\_\_\_\_

Child's Name \_\_\_\_\_ Sex: M F Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address: \_\_\_\_\_

Home phone \_\_\_\_\_

(Circle One) **Mother's/Father's/Guardian's Name** \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Place of School/Employment \_\_\_\_\_

Address of School/Employment \_\_\_\_\_ Phone \_\_\_\_\_

(Circle One) **Mother's/Father's/Guardian's Name** \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Place of School/Employment \_\_\_\_\_

Address of School/Employment \_\_\_\_\_ Phone \_\_\_\_\_

### Emergency Contacts & Others Allowed to Pick Up

#### Persons authorized to pick up your child

(Must show photo ID and provide password)

1. Name \_\_\_\_\_ Phone \_\_\_\_\_ Address \_\_\_\_\_

Is it okay for this person to pick up anytime without prior permission? (circle) Yes or No

2. Name \_\_\_\_\_ Phone \_\_\_\_\_ Address \_\_\_\_\_

Is it okay for this person to pick up anytime without prior permission? (circle) Yes or No

**Add addition Emergency Contacts & Others Allowed to Pick Up on the Back**

Is it okay for your child to rest on a mat? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is it okay for your child to watch a PG movie? \_\_\_\_\_ Yes \_\_\_\_\_ No

### Medical and Dental Information

Hospital of Preference \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Physician of Preference \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Dentist of Preference \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Chronic Medical Conditions or medical conditions we should be aware of:

\_\_\_\_\_

Is your child fully immunized? (circle) Yes/No



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Allergies: \_\_\_\_\_

Is your child on any medication?  
(Explain): \_\_\_\_\_

Physical Limitations: \_\_\_\_\_

Dietary Allergies/Restrictions: \_\_\_\_\_

Are there any activities that you prefer that your child NOT participate in?  
If so please list: \_\_\_\_\_

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

### **Authorization for Emergency Medical Care**

I hereby give my permission to **FunShine** to call a doctor or emergency medical service and for the doctor, hospital or medical service to provide emergency medical or surgical care for my child, \_\_\_\_\_. It is understood that the child care provider will make a conscientious effort to locate the parent/guardians and emergency contacts listed on the registration document before any action will be taken. If it is not possible to locate emergency contacts listed treatment will not be delayed. I/we will accept the expense of emergency transportation, medical or surgical treatment.

**Parent/Guardian Signatures** \_\_\_\_\_

Authorization for emergency medical care and transportation: In the event of an emergency I hereby give my permission for child care staff to access emergency medical services for my child, including transport to the nearest healthcare facility, to receive emergency medical or surgical care and treatment. It is understood that a conscientious effort will be made to locate me, and I accept the expense of care and transport.

\_\_\_\_\_  
Parent/Guardian Signature Date

I, \_\_\_\_\_ understand and will abide by the policies and procedures of FunShine.  
**Print Name**

Parent/Guardian Signatures  
**Enrollment/Annual Review:** \_\_\_\_\_ **Date** \_\_\_\_\_