

CCSU Drop-In Childcare Center
Enrollment Form

Date of Application: _____ Date of Enrollment: _____

Child's Name: _____ Child's Date of Birth: _____

Child's Address: _____ City: _____ Zip Code: _____

Parent/Guardian Name: _____ Address: _____

City: _____ Zip Code: _____ E-mail Address: _____

Place of Employment: _____ Employer's Address: _____

Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____

Parent/Guardian: _____ Address: _____

City: _____ Zip Code: _____ E-mail Address: _____

Place of Employment: _____ Employer's Address: _____

Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____

Medical Information

Allergies: _____

Date of last Tetanus: _____

Other important medical information: _____

Insurance Carrier: _____

Insurance ID: _____

Child's Physician:

Name: _____ Address: _____ City: _____

Phone #: _____

Child's Dentist:

Name: _____ Address: _____ City: _____

Phone #: _____

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Emergency Authorization

Name of child: _____

I give my consent for the First Aid and CPR certified staff of the CCSU Drop-In Childcare Center to administer First Aid and CPR to my child and to contact the above-named physician or dentist if my child has a medical/dental emergency. I give my consent for my child to be transported to the nearest hospital in the event of a medical emergency. I will be responsible for all medical fees.

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Preferred Medical Facility: _____

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Parent Information Packet & Behavior Management Policy

Name of child: _____

I acknowledge that I have read the Parent Information Packet and agree to abide by the policies and procedures contained in it. I acknowledge that I have read the Behavior Management Policy and techniques used to manage child behaviors at the facility. I have had the opportunity to discuss or clarify any questions I might have related to the Parent Information Packet and Behavior Management Policy.

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Authorized Permission for Emergency Pick Up

(Adults who may be contacted if parent/guardian cannot be reached and to whom the child may be released)

1. Name: _____ Phone #: _____ Relationship: _____
2. Name: _____ Phone #: _____ Relationship: _____
3. Name: _____ Phone #: _____ Relationship: _____

Authorized Permission for Alternate Pick Up

(Adults who may be contacted if parent/guardian cannot be reached and to whom the child may be released)

1. Name: _____ Phone #: _____ Relationship: _____
2. Name: _____ Phone #: _____ Relationship: _____
3. Name: _____ Phone #: _____ Relationship: _____

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Permission for Activities Away From the Premises (optional)

Name of child: _____

I give my consent for my child to attend scheduled activities/programs that occur on the CCSU campus.

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

UPDATED: 9-1-2022