

CHILD CARE ENROLLMENT

Use of form: Use of this form is mandatory for Family Child Care Centers to comply with DCF 250.04(6)(a)1. Failure to comply may result in issuance of a noncompliance statement. This form may also be used by Group Child Care Centers and Day Camps to comply with DCF 251.04(6)(a)1. and DCF 252.41(4)(a)1. respectively. Personal Information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

Instructions: The parent / guardian shall fill out the form completely, sign it and submit it to the center prior to the child's first day of attendance. Information on this form shall be kept current. When enrolling a child under two years of age, a completed *Intake for Child Under 2 Years* form must also be on file prior to the child's first day of attendance.

CHILD INFORMATION

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

Relationship to Child	Name	Address - Home (Street, City)	Home / Cell Telephone No.	Name and Address - Place of Employment OR Where Reachable While Child is In Care	Telephone No.
Mother					
Father					
Guardian					
Guardian					
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."					
Relationship to Child	Name	Address - Home (Street, City)	Home / Cell Telephone No.	Name and Address - Place of Employment OR Where Reachable While Child is In Care	Telephone No.
EMERGENCY CONTACT - The person to be notified in an emergency when parents / guardians cannot be reached. <input type="checkbox"/> Yes <input type="checkbox"/> No This person is authorized to pick up the child.					
Relationship to Child	Name	Address - Home (Street, City)	Home / Cell Telephone No.	Name and Address - Place of Employment OR Where Reachable While Child is In Care	Telephone No.

PHYSICIAN OR MEDICAL FACILITY	Name	Address (Street, City, State, Zip Code)	Telephone Number
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AUTHORIZATION

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

SIGNATURE - Parent or Guardian _____ Date Signed _____

DAY CARE IMMUNIZATION RECORD

COMPLETE AND RETURN TO DAY CARE CENTER. State law requires all children in day care centers to present evidence of immunization against certain diseases within 30 school days (6 calendar weeks) of admission to the day care center. These requirements can be waived only if a properly signed health, religious, or personal conviction waiver is filed with the day care center. See "Waivers" below. If you have any questions on immunizations or how to complete this form, please contact your child's day care provider or your local health department.

STEP 1 PERSONAL DATA

PLEASE PRINT

Child's Name (Last, First, Middle Initial)		Date of Birth (Month/Day/Year)	
Name of Parent/Guardian/Legal Custodian (Last, First, Middle Initial)		Address (Street, Apartment number, City, State, Zip)	

STEP 2 IMMUNIZATION HISTORY

Last the MONTH, DAY AND YEAR the child received each of the following immunizations. DO NOT USE A (+) OR (X) except to indicate whether the child has had chickenpox. If you do not have an immunization record for this child, contact your doctor or local public health department to obtain the records.

TYPE OF VACCINE	First Dose					Second Dose					Third Dose					Fourth Dose					Fifth Dose								
	Month/Day/Year	Month/Day/Year	Month/Day/Year	Month/Day/Year	Month/Day/Year	Month/Day/Year	Month/Day/Year	Month/Day/Year	Month/Day/Year	Month/Day/Year	Month/Day/Year	Month/Day/Year	Month/Day/Year	Month/Day/Year	Month/Day/Year	Month/Day/Year	Month/Day/Year	Month/Day/Year	Month/Day/Year	Month/Day/Year	Month/Day/Year	Month/Day/Year	Month/Day/Year	Month/Day/Year	Month/Day/Year	Month/Day/Year	Month/Day/Year	Month/Day/Year	
Diphtheria-Tetanus-Pertussis (Specify DTP, DTaP, or DT)																													
Polio																													
Hib (Haemophilus influenzae Type B)																													
Pneumococcal Conjugate Vaccine (PCV)																													
Hepatitis B																													
Hepatitis B																													
Measles-Mumps-Rubella (MMR)																													
Varicella (chickenpox) vaccine																													
Varicella (chickenpox) vaccine																													
Vaccine is required only if the child has not had chickenpox disease.																													

REQUIREMENTS

The following are the minimum required immunizations for the child's age/grade at entry. All children within the range must meet these requirements at day care entrance. Children who reach a new age/grade level while attending this day care must have their records updated with dates of additional required doses.

AGE LEVELS	NUMBER OF DOSES									
5 months through 15 months	2 DTP/DTaP/DT	2 Polio	2 Hib	2 PCV	2 Hep B					
16 months through 23 months	3 DTP/DTaP/DT	2 Polio	3 Hib	3 PCV	2 Hep B	1 MMR				
2 years through 4 years	4 DTP/DTaP/DT	3 Polio	3 Hib	3 PCV	3 Hep B	1 MMR	1 Varicella			
At Kindergarten entrance	4 DTP/DTaP/DT	4 Polio			3 Hep B	2 MMR	2 Varicella			

If the child began the Hib series at 12-14 months of age, only 2 doses are required. If the child received one dose of Hib at 15 months of age or after, no additional doses are required. Minimum of one dose must be received after 12 months of age (Note: a dose 4 days or less before the first birthday is also acceptable).

If the child began the PCV series at 12-23 months of age, only 2 doses are required. If the child received the first dose of PCV at 24 months of age or after, no additional doses are required.

MMR vaccine must have been received on or after the first birthday (Note: a dose 4 days or less before the 1st birthday is also acceptable).

Children entering kindergarten must have received one dose after the 4th birthday (either the 3rd, 4th or 5th) to be compliant (Note: a dose 4 days or less before the 4th birthday is also acceptable).

STEP 3

IF THE CHILD MEETS ALL REQUIREMENTS (sign at STEP 5 and return this form to the day care center), OR IF THE CHILD DOES NOT MEET ALL REQUIREMENTS (check the appropriate box below, sign and return this form to day care center).

Although the child has not received all required doses of vaccine for his or her age group, at least the first dose of each vaccine has been received. I understand that it is my responsibility to obtain the remaining required doses of vaccines for this child WITHIN ONE YEAR and to notify the day care center in writing as each dose is received.

NOTE: Failure to stay on schedule or report immunizations to the day care center may result in court action against the parents and a fine of up to \$25.00 per day of violation.

For health reasons this child should not receive the following immunizations _____ (List in STEP 2 any immunizations already received)

For religious reasons this child should not be immunized. (List in STEP 2 any immunizations already received)

For personal conviction reasons this child should not be immunized. (List in STEP 2 any immunizations already received):

Physician's Signature Required _____

STEP 4

COMPLIANCE DATA AND WAIVERS

STEP 5

SIGNATURE

To the best of my knowledge this form is complete and accurate.

SIGNATURE - Parent, Guardian or Legal Custodian _____

Date Signed _____

**CHILD HEALTH REPORT
 IN-HOME, FAMILY DAY CARE, DAY CARE CENTER**

Use of form: Completion of this form is mandatory under the provisions of HFS 46.07(s)(k) and 45.06(o)(g). The form also meets the requirements of DWD 55.08(4). Personally identifiable information is collected for identification purposes only.

Instructions: Children under twenty-four months of age shall be given a physical exam every six months after admission to day care. Children over twenty-four months in licensed day care shall be given a physical exam at least every two years after admission.

PARENT OR GUARDIAN - Complete this section.

Name - Child (Last, First, MI)

Birthdate - Child (mm/dd/yyyy)

Address - Child (Street, City, State, Zip Code)

Name - Parent or Guardian (Last, First, MI)

Address - Parent or Guardian (Street, City, State, Zip Code)

HEALTH PROFESSIONAL - Complete this section.

Instructions for feeding and care of child with special problems, including allergies - Specify.

(Immunization(s) not to be administered to child due to medical reason(s) - Specify.

AUTHORIZATION

I certify that I have examined the above child on this date and that he / she is able to participate in day care activities.

Name - Health Professional (Type or print)

Address - (Street, City, State, Zip Code)

SIGNATURE - Health Professional

Date of Examination

DAY CARE INTAKE FOR CHILD UNDER 2 YEARS

Use of form: This form collects information about children under two in order to aid child care workers in individualizing the program of care for the child in a family or group day care center. Personally identifiable information on this form is collected to assist in providing quality child care services and will be used only for this purpose. This form meets the requirements of HFS 46.09(1)(a) and HFS 45.07(2)(a).

Instructions: This form is to be completed by a parent prior to a child's first day of attendance. Regular updates can be noted. This form should be kept in the room where care is provided. If additional space is needed, attach a separate sheet.

PARENT / CHILD NAME AND ADDRESS

Name - Child (Last, First, MI)		Name - Parent(s) (Last, First, MI)	
Nickname (if any)		Telephone Number - Home	
Address - Parent(s) (Street, City, State, Zip Code)			

HEALTH

Check all that apply:

Child has / had allergies or a special physical condition - Describe.

Child had a serious illness, convulsion, operation, or accident - Describe. Include occurrence date.

Child has frequent colds, ear infections, colic, etc. - Describe.

UPDATES

MEALS

Current feeding schedule

Length of time on current schedule

Food type

Formula Strained Junior Table Milk type - Specify.

New food timetable

When eating, child is - Held in lap In highchair Other - Specify.

Feeds self Yes No If "Yes", uses - Spoon Fork Hands

Special feeding problems Yes No If "Yes" - Specify.

Food allergies Yes No If "Yes" - Specify.

Favorite foods - Specify:

Refused foods - Specify:

UPDATES

SLEEP

Current sleep schedule

Length of time on current schedule

Mood upon awakening - Describe.

Falls asleep easily Yes No

Takes favorite toy(s) to bed Yes No If "Yes" - list toy(s).

Sleep position Back Side or stomach

Parent - Initial: _____

Side or stomach sleep position is not recommended. If "Side or Stomach" box is checked, parent must initial and date to indicate having received information on sleeping positions and SIDS.

UPDATES

DIAPERING / TOILETING

Diaper - type Cloth Disposable

Diapers provided by parent Yes No

Plastic pants used Always Never Sometimes If "Sometimes" - Specify: _____

Highly sensitive skin Yes No

Oil, powder or lotion used Yes No If "Yes", product name(s) - Specify: _____

Toilet training attempted Yes No If "Yes", describe routine: _____

Type of toilet seat used at home Potty chair Special toilet seat Regular toilet seat

Regular bowel movements Yes No How often: _____

Toileting problems Yes No If "Yes" - Describe: _____

UPDATES

VERBAL COMMUNICATION

Family speaks what language - Specify: _____

English Other If "Other" - Specify: _____

Age child began talking: _____

Child speaks in: Words Sentences

Words used to describe special needs - Specify: _____

UPDATES

COMFORTING

Does child have a fussy time? Yes No If "Yes" - Specify time: _____

How is fussy time handled? _____

UPDATES

Child likes to be: Held Sung to Rocked Read to Other - Specify: _____

Special things you say or do to comfort child: _____

UPDATES

SELF-EXPRESSION

What causes your child to feel angry or frustrated?

What frightens your child and how is it shown?

How does your child express feelings of happiness, enjoyment, etc.?

Additional comments

UPDATES

PHYSICAL AND SOCIAL DEVELOPMENT

Is your child able to - Check all that apply.

Sit up alone Pull up Crawl Walk holding on Walk without support

Is your child used to playmates? Yes No

Comments

MISCELLANEOUS

Child's indoor / outdoor favorite toys and activities - Specify.

Indoors

Outdoors

UPDATES

By providing complete information about your child, you will be assisting staff in creating a positive experience for him / her while in day care. List any information about your child's habits, abilities or personality that you feel will be helpful to the staff while caring for your child.

SIGNATURE - Parent

Date Signed