

**Bangor Chinese School**  
**Bilingual Childcare Program**  
**Enrollment Form**

Date: \_\_\_\_\_

**Child Information:**

Child's Full Legal Name: \_\_\_\_\_

Child's Nickname or preferred name, if any: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Child's Permanent Street Address: \_\_\_\_\_

Child's Mailing Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Child's Primary Language: \_\_\_\_\_ Gender: \_\_\_\_\_

Enrollment Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Child's health/medical information:**

Please list any and all allergies your child has (with reaction): \_\_\_\_\_

\_\_\_\_\_

Please list any and all health conditions your child has: \_\_\_\_\_

\_\_\_\_\_

Please list any medical necessities for your child that we should know about (i.e. child must sleep in a non-horizontal position), if any (documentation must be provided from your child's doctor): \_\_\_\_\_

\_\_\_\_\_

Name of child's primary care doctor: \_\_\_\_\_

Address of child's primary care doctor: \_\_\_\_\_

Phone number of child's primary care doctor: \_\_\_\_\_

\_\_\_\_\_ My child does not have a primary care physician

Name of child's dentist: \_\_\_\_\_

Address of child's dentist: \_\_\_\_\_

Phone number of child's dentist: \_\_\_\_\_

\_\_\_\_\_ My child does not have a dentist

Child's medical insurance company name: \_\_\_\_\_

Member/policy number: \_\_\_\_\_

Policy holder name: \_\_\_\_\_

Employer name: \_\_\_\_\_

Record of immunizations: YES \_\_\_\_\_ NO \_\_\_\_\_

Any relevant documentation of medical necessity (for example, sleeping in a non-horizontal position), if applicable: \_\_\_\_\_

Note: If any of the Child's record is missing, please explain why: \_\_\_\_\_

**Parent/Guardian Information:**

Parent/Guardian Name(s): \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Home address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Home phone number: \_\_\_\_\_ Cell phone number: \_\_\_\_\_

Work phone number: \_\_\_\_\_

Place of employment: \_\_\_\_\_

Email address: \_\_\_\_\_

Best way to contact you while your child is at daycare: \_\_\_ cell \_\_\_ home \_\_\_ work  
\_\_\_ email

Parent/Guardian Name(s): \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Home address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Home phone number: \_\_\_\_\_ Cell phone number: \_\_\_\_\_

Work phone number: \_\_\_\_\_

Place of employment: \_\_\_\_\_

Email address: \_\_\_\_\_

Best way to contact you while your child is at daycare: \_\_\_ cell \_\_\_ home \_\_\_ work  
\_\_\_ email

**Emergency contacts information:**

Please list two people that may be contacted in the event that you, the guardian, cannot be reached:

Emergency contact name #1: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Address of emergency contact #1: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Emergency contact name #2: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Address of emergency contact #2: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

**Person(s) other than parent(s)/guardian(s) who are allowed to pick your child up from daycare:**

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

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

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

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

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

**Agreement and signatures:**

By signing this form, you are stating that:

\_\_\_\_\_ you are the legal parent or guardian of the child listed on this form

\_\_\_\_\_ all information you provided is accurate and current

\_\_\_\_\_ you have received a copy of our Handbook

\_\_\_\_\_ you grant us permission to use sunscreen on your child and to provide transportation as necessary

\_\_\_\_\_ you will pay fees on time

\_\_\_\_\_ you grant temporary authority to a designated adult to provide and arrange for medical care for a minor in the event of an emergency, where the minor is not accompanied by either parents or legal guardians, and it may not be feasible or practical to contact them. This form should accompany the child in the event of off-site trips or emergency relocation of the program. You also grant your authorization and consent for our staff or a Designated Adult ( \_\_\_\_\_ ) to administer general first

aid treatment for any minor injuries or illnesses experienced by the Minor. If the injury or illness is life threatening or in need of emergency treatment, I authorize the Designated Adult to summon any and all professional emergency personnel to attend, transport, and treat the minor and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur. I agree to assume financial responsibility for all expenses of such care. It is understood that this authorization is given in advance of any such medical treatment but is given to provide authority and power on the part of the Designated Adult in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel.

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Witness signature

\_\_\_\_\_  
Witness name

\_\_\_\_\_  
Date of signature(s)

This authorization is effective through \_\_\_/\_\_\_/\_\_\_.

### **Child Care Parent/Guardian Permission Form**

#### **Section 1. Potentially Hazardous Activities**

I hereby grant permission for my child, \_\_\_\_\_  
\_\_\_\_\_.

date of birth \_\_\_/\_\_\_/\_\_\_, to engage in the following potentially hazardous activities while in the care of \_\_\_\_\_:

- Participate in water activities in lakes and ponds
- Use of a trampoline  Horseback riding
- Field trips
- Other:

**This parental permission form must be updated, signed and dated by the parent or legal guardian at least annually.**

Parent Guardian Name (Printed)	Parent/Guardian Signature
Date	

**Section 2. Permission to Take/Use Photographs**

- I DO NOT authorize the child care provider to take or use photographic or video images on the child named above.
- I hereby grant permission to child care provider \_\_\_\_\_ to photograph the child named above for the following purposes:
  - Marketing materials, including brochures and on-line materials
  - Classroom and/or program posting in the child care program
  - Other:

I understand that my child may be photographed at normal daycare hours, field trips, or activities. I understand that these photographs may be used in promoting child care services, either in print or on the Internet. I agree that this form will remain in effect during the term of my child’s enrollment. **I understand that it is my responsibility to update this form in the event that I no longer wish to authorize the above uses.** I understand that there will be no payment for me or my child’s participation.

Parent Guardian Name (Printed)	Parent/Guardian Signature
Date	

**Section 3. Permission to Post Information**

I hereby give permission for this child care provider to post any allergies my child may have, the necessary precautions, and the necessary treatment in the event of exposure in the child care program.

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Parent Guardian Name (Printed)

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Parent/Guardian Signature