



Child's Record

Name Of Child: _____ Birthdate: _____
Street Address: _____ City: _____
State: _____ Zip Code: _____

Guardian 1: _____ Cellphone: (____) _____
Street Address: (If different from above) _____
City: _____ State: _____ Zip Code: _____
Relationship to child: _____
Place of Employment: _____ Work Phone: (____) _____
Employment (physical address) _____
City: _____ State: _____ Zip Code: _____
Best Email: _____

Guardian 2: _____ Cellphone: (____) _____
Street Address: (If different from above) _____
City: _____ State: _____ Zip Code: _____
Relationship to child: _____
Place of Employment: _____ Work Phone: (____) _____
Employment (physical address) _____
City: _____ State: _____ Zip Code: _____
Best Email: _____

Who to contact first, and best way to reach you: _____

Name, Address and Telephone Number to Next-of-Kin/emergency contact in case parents cannot be reached in an emergency(Please list two):

Office Use Only:

Admission Date: _____ Discharge Date: _____

Name of persons who are to be permitted to remove the child from the center:

Name, address and telephone number of family physician:

Name, address and telephone number of family dentist:

MaineLy Childcare management must be notified (by email or in person) by the parent when regular transportation or pick-up methods will vary.

MEDICAL INFORMATION

I, (name) _____ hereby give my consent, in the event of medical emergency when I cannot be contacted, for MaineLy Childcare staff to obtain whatever treatment may be deemed necessary for my son/daughter (child's name)

_____ (DOB) _____

This authorization includes my consent for the above-named child to receive treatment by a physician in any hospital emergency department.

I hereby give my authorization for emergency medical treatment as outlined above.

Known Allergies and reactions:

Does your child have an Epi Pen? If the answer is yes, please indicate what it is for:

Known Medical Conditions: _____

Last Tetanus shot: _____

Office Use Only:

Admission Date: _____ Discharge Date: _____

Please list here (or on an additional sheet of paper if necessary) a summary of significant factors concerning the child’s adjustment into group care, unusual events and occurrences or any other information that will help us in transitioning your child into group care :

Please fill this out to the best of your ability. We understand that things may change and ask that you let us know if your child will be dropped off/picked up at a different time than previously posted. Please keep in mind we are open 7am to 5pm.

Day of the Week	Approx. Drop Off Time	Approx. Pick Up Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Office Use Only:

Admission Date: _____ Discharge Date: _____

I have read and understand the parent handbook, and if I have questions, I know I can always ask the Directors to get clarification. In addition I understand that I can access the Parent Handbook at all times on the MaineLy Childcare website: www.mainelychildcare.com

(Parent or Guardian Name Printed)

(Date)

(Parent or Guardian Signature)

Office Use Only:

Admission Date: _____ Discharge Date: _____