



E-Mail: \_\_\_\_\_

## Tigard Covenant Preschool and Daycare Child Enrollment and Authorization Form

### CHILD INFORMATION

Child's Last Name: \_\_\_\_\_ Date Entered Care: \_\_\_\_\_  
Child's First Name: \_\_\_\_\_ Age at Entry to Care: \_\_\_\_\_  
Child's Nickname: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**ALLERGY ALERT:** Does your child have allergies? YES \_\_\_ NO \_\_\_ If Yes, list all allergies on back side of form

### PARENT OR GUARDIAN CONTACT INFORMATION

<b>Name (First, Last):</b>	Relationship:	
Home Address:	City:	Zip:
Home Phone:	Work Phone:	
Employer and Work Hours:	Cell Phone:	
Work Address:	City:	Zip:
<b>Name (First, Last):</b>	Relationship:	
Home Address:	City:	Zip:
Home Phone:	Work Phone:	
Employer and Work Hours:	Cell Phone:	
Work Address:	City:	Zip:

### REQUIRED EMERGENCY CONTACT INFORMATION (Person other than parent/guardian that is authorized to pick up child)

Name (First, Last):	Phone:	Relationship:
Name (First, Last):	Phone:	Relationship:

### NON-EMERGENCY CONTACT INFORMATION (Person other than parent/guardian that is authorized to pick up child)

Name (First, Last):	Phone:	Relationship:
Name (First, Last):	Phone:	Relationship:

### MEDICAL/DENTAL CONTACT INFORMATION

Insurance Provider and Policy Information (if applicable):	
Primary Physician Name:	Phone:
Dental Provider (if child is school-age. If none, list dental provider for TCPD):	Phone:

### PARENT OR GUARDIAN AUTHORIZATION

#### Please list any restrictions to permission of the following:

- ☐ **My Child** may be taken on field trips or excursions by bus or private motor vehicle, as well as on neighborhood walking excursions under required supervision (see special transportation arrangements section on back of form).
- ☐ **My Child** may participate in swimming or other water activities under required supervision (OCC requires approved lifeguard).
- ☐ **My child** may be photographed for publicity or news purposes \_\_\_ On-site \_\_\_ Off-Site
- ☐ **My child** may be given non-prescribed medication as indicated on the container. This may include sunscreen, children's pain reliever, antibacterial first aid cream, and diapering ointment. Syrup of ipecac may be administered if deemed necessary by the poison control operator. The child's parent or guardian will be contacted prior to administering non-prescription pain relievers. Prescription medications must be current and a permission slip is required per each medication.

**In an emergency**, the child care facility has my permission to call an ambulance, or take my child to any available physician or hospital at my expense to obtain medical treatment. In most emergencies, 911 is called and the child is transported to the nearest hospital and treated by the on-call physician. The parent or guardian of the child is notified as soon as possible.

- ☐ **Check this box** to acknowledge that you are aware of and have seen that our current operating license is posted on our "Welcome Board" by the school entrance doors.
- ☐ **Check this box** to acknowledge that you have received your family door entrance code. This code is not to be shared with your child or anyone outside of authorized pick up people.

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