Hundred Acre Play Care

Child Enrollment & Authorizations

CHILD INFORMATION

Child's Name (Last, First, MI)

Birthdate (mm/dd/yyyy)

Primary Home Address

First Day of Attendance

PARENT OR GUARDIANS

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.

Parent/Guardian Name

Relationship to Child

Home Address

Home/Cell Phone Number

Place of Employment (Name, Address) OR Where Reachable While Child is in Care

Work Phone Number

Email Address

Parent/Guardian Name

Relationship to Child

Home Address

Home/Cell Phone Number

Place of Employment (Name, Address) OR Where Reachable While Child is in Care

Work Phone Number

Email Address

EMERGENCY CONTACT

Person to be notified in an emergency when parents/guardians cannot be reached.

Emergency Contact Name

Relationship to Child

Home Address

Home/Cell Phone Number

Place of Employment (Name, Address) OR Where Reachable While Child is in Care

Work Phone Number

Email Address

YES / NO Authorized to pick up the child

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"

Authorized Persons
(Name,Relationship to Child, Address, Phone Number)

Authorized Persons
(Name,Relationship to Child, Address, Phone Number)

MEDICAL CONTACT

Physician & Medical Facility

Address

Phone Number

AUTHORIZATION

YES / NO **I give my permission for my child to participate in activities involving small ride on toys, sleds, swings, slides, and climbing structures.**

YES / NO **I give my permission for my child to participate in water activities including: water tables, and sprinklers.**

YES / NO **I understand that pets are part of the Olson family. I have been informed of the number of pets (1 Dog/Golden Retriever & 3 Cats) and the degree of contact with enrolled children (None). If pets are added after a child is enrolled, families will be notified in writing prior to the pet's addition to the home.**

YES / NO **I give permission for my child to participate in walking field trips throughout the neighborhood.**

YES / NO **I give permission for my child to be photographed/recorded while attending HAPC and for photos to be used as described in the Family Handbook. I understand all photos and videos to be property of Sarah Olson and Hundred Acre Play Care.**

YES / NO **I understand photos of children at HAPC may not be shared on any personal social media unless they contain ONLY my child(ren).**

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.**

Parent/Guardian Signature & Date

Parent/Guardian Signature & Date

Hundred Acre Play Care

Health History and Emergency Care Plan

CHILD INFORMATION

Child's Name (Last, First, MI)

Birthdate (mm/dd/yyyy)

Primary Home Address

First Day of Attendance

PARENT OR GUARDIANS CONTACT

Parent/Guardian Name

Home/Cell Phone Number

Work Phone Number

Parent/Guardian Name

Home/Cell Phone Number

Work Phone Number

MEDICAL CONTACT

Physician & Medical Facility

Address

Phone Number

SUNSCREEN & INSECT REPELLENT AUTHORIZATION

All sunscreen and insect repellent must be labeled with the child's name. NO AEROSOL CANS.

YES / NO **I authorize the center to apply sunscreen to my child.**
YES / NO **I authorize the center to allow my child to self-apply sunscreen.**

Sunscreen Brand Name & Ingredient Strength -USED AT CHILD CARE

YES / NO **I authorize the center to apply repellent to my child.**
YES / NO **I authorize the center to allow my child to self-apply repellent.**

Repellent Brand Name & Ingredient Strength- USED AT CHILD CARE

HEALTH HISTORY & EMERGENCY CARE PLAN

1. Check any/all special medical conditions that your child may have.

- ☐ No specific medical condition
- ☐ Asthma
- ☐ Cerebral palsy / motor disorder
- ☐ Diabetes
- ☐ Epilepsy / seizure disorder
- ☐ Gastrointestinal or feeding concerns: including special diet & supplements
- ☐ Any disorder including: Cognitively Disabled, LD, ADD, ADHD, Autisim
- ☐ Other condition (s) requiring special care- Specify:

- ☐ Milk Allergy- Attach statement from the medical professional indicating the acceptable alternative.
- ☐ Food Allergies- Specify food (s):
- ☐ Non-food Allergies- Specify:

Hundred Acre Play Care

Health History and Emergency Care Plan

CHILD INFORMATION

Child's Name (Last, First, MI)

Birthdate (mm/dd/yyyy)

HEALTH HISTORY & EMERGENCY CARE PLAN CONT.

2. Triggers that may cause problems- Specify:

3. Signs or symptoms to watch for- Specify:

4. Steps the child care provider should follow:

* If prescriptions or non-prescription medications are necessarily, a copy of the form AUTHORIZATION TO ADMINISTER MEDICATION should be attached to this form.

5. Identify any child care staff to whom you have given specialized training/instructions to help treat symptoms:

A.
B.
C.

6. When to call parents regarding symptoms or failure to respond to treatment:

7. When to consider that the condition requires emergency medical care or reassessment:

8. Additional information that may be helpful to the child care provider:

SIGNATURE

Parent/Guardian Signature & Date

Parent/Guardian Signature & Date

REVIEW DATES

DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

dcf.wisconsin.gov/

Child Health Report – Child Care Centers

Use of form: Use of this form is required unless the health examination report is on an electronic printout from a licensed physician, physician assistant, or other EPSDT provider. Completion of this form meets the requirements of DCF 202.08 (4), DCF 250.04 (6) (a) 4. and DCF 251.04 (6) (a) 8. Failure to comply with these rules may result in issuance of a noncompliance statement. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

Instructions: Each child under 2 years of age shall have an initial health examination not more than 6 months prior to nor later than 3 months after being admitted to the center and a follow-up health examination at least once every 6 months thereafter. Each child 2 years of age but who is not 5 years of age or older shall have an initial health examination not more than one year prior to nor later than 3 months after being admitted to a center and a follow-up health examination at least once every 2 years thereafter. The parent / guardian shall give this form to the physician, physician assistant, or other EPSDT provider to be completed, signed, and dated. The licensee / operator shall obtain a copy for the child's record. Note: Children are also required to have on file at the child care center documentation of immunizations; it may be helpful if the parent / guardian includes a copy of the child's immunization record when submitting this form to the child care center.

PARENT OR GUARDIAN – This section should be completed by the parent or guardian

Child's Name (Last, First, MI) | Child's Birthdate (mm/dd/yyyy)

Child's Address (Street, City, State, Zip Code)

Parent or Guardian Name (Last, First, MI)

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

HEALTH PROFESSIONAL – This section should be completed by the health professional

Instructions for feeding and care of child with special health concerns – Specify. (attach information as necessary).

☐ Yes ☐ No Does the child have a milk allergy? If "Yes," identify the recommended milk substitute.

☐ Yes ☐ No Does this child have any food or non-food allergies? If "Yes," specify and include the treatment plan to be implemented in the event of an allergic reaction.

Date of child's most recent blood lead test: (mm/dd/yyyy).

Note: Children on Medicaid are required to be tested at around ages 12 months and 24 months or once between the ages of 3 and 5 years if no previous test is documented. Lead testing is optional for children who are not on Medicaid.

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 child care activities.

Name – MD, PA, or other EPSDT Provider (type or print) | Address (Street, City, State, Zip Code)

SIGNATURE – MD, PA, or other EPSDT Provider | Date of Examination

Hundred Acre Play Care
CHILD INFORMATION

CHILD INFORMATION

Child's Name (Last, First, MI) and Nickname

Birthdate (mm/dd/yyyy)

Primary Address

First Day of Attendance

PARENT OR GUARDIANS

Parent/Guardian Name

Relationship to Child

Occupation

Home/Cell Phone Number

Email

Child Calls the Parent/Guardian:

Parent/Guardian Name

Relationship to Child

Occupation

Home/Cell Phone Number

Email

Child Calls the Parent/Guardian:

Adults/Guardians in the child's life are: (Please circle all that apply)

Married
Separated
Widow/Widower
Father Only
Mother Only
Divorced
Joint Custody
Not Married
Extended Family
Other:_____

Other household members:
Name, Age, Relationship- Don't forget the pets!

CULTURAL BACKGROUND

Primary language spoken at home:

Other language(s) your child is exposed to:

Does your family celebrate any holidays? If yes, which holidays?

Are there any cultural practices followed in your home you would like to share with us?

Is there anything else you would like us to know about your culture and/or religion?

HEALTH HISTORY

Does your child have a history of:

__allergies
__asthma
__ colic
__ colds
__compromised immune system
__constipation
__delays in development- identified/diagnosed
__ developmental concerns
__diabetes
__ ear infections
__heart conditions
__motion sickness
__nose bleeds
__seizures
__sensory sensitivities
__other condition not listed
__ Birth-3 Services
__ IEP Services

Please describe/discuss any physical condition, allergy (food, drug, environmental), serious illness, health consideration, or developmental delay that your child has or had that could affect their school experience:

Are any medications given to your child regularly? YES NO
If yes, please list/explain:

Hundred Acre Play Care

CHILD INFORMATION

SOCIAL AND EMOTIONAL DEVELOPMENT

Is your child used to other playmates? What experiences has your child had with peers/other children?

Who is your child cared for outside of their time at HAPC?

How does your child respond to interactions with other children?

Does your child engage in play with peers? YES BEGINNING NOT YET

What activities/toys does your child enjoy? (indoors and outdoors)

Does your child play independently? If so, what types of activities?

What are some of your child's strengths?

What, if any, are your concerns about your child?

Please describe your family's child guidance techniques.

Does your child have a comfort item or favorite toy? (stuffed animal, blanket, pacifier, bottle, etc) When do they use it at home?

Does your child have a "fussy time"? When? How is it handled?

Ways your child enjoys to be comforted/soothed: HOLD SING ROCK READ TALK SPECIAL ITEM OTHER:

Are there any special circumstances in your family that we should know about? (divorce, birth of a sibling, moving, hospitalization, death, etc)

COMMUNICATION AND PHYSICAL DEVELOPMENT

Does your child have any special physical needs?

Child can (list all that apply):

ROLL OVER SIT UP ALONE PULL UP CRAWL WALK HOLDING ON WALK ALONE RUN SKIP JUMP HOP

What is your child's hand preference? RIGHT LEFT UNSURE

How does your child express feelings of happiness and enjoyment?

What causes your child to feel angry, frustrated, or frightened? How do they show this?

How does your child communicate their needs? (crying, specific cues, gestures/sign language, special sounds, words, etc.)

Age child began using words/talking? If not talking yet, skip to next section.

If your child uses words to communicate, please give an example of a phrase or sentences they are currently using.

Words used for specific needs:
FOOD:

SLEEP:

BATHROOM/DIAPER:

COMFORT:

OTHER:

Hundred Acre Play Care

CHILD INFORMATION

SLEEP AND REST:

Where does your child sleep? (Co-sleep, crib, bed, on the go, etc)
NIGHT: NAPS:

Child's favorite sleep position (over 1 year): BACK SIDE/STOMACH

Child's favorite sleep position (under 1 year): BACK SIDE/STOMACH WITH NOTE*
*Children under 1 year must be put to sleep on their back until they can roll unassisted unless a statement from their pediatrician is on file.

What time does your child usually go to bed at night and wake in the morning?

When does your child nap at home and for how long?

Do you/they follow a regular sleep schedule? YES NO SOMETIMES

How long has your child been in their current sleep/nap pattern?

What does your nap/bedtime routine look like at home?

Does your child fall asleep easily? YES NO Does your child fall asleep on their own? YES NO

Does your child sleep with a comfort item? (over 1 year only)

What is your child's usual mood upon waking?

MEALS & EATING

What is your child's current eating/feeding schedule? How long have they had that schedule?

Current food type: FORMULA BREAST MILK BABY FOODS TABLE FOODS

Type of milk: Whole 1% 2% NONE OTHER:

Child eats in: LAP/HELD HIGHCHAIR BOOSTER SEAT CHAIR OTHER:

Does your child eat independently? YES NO

Does your child use eating utensils? YES NO List those that apply: SPOON FORK HANDS OTHER

What type of cup does your child currently use? BOTTLE SIPPY CUP STRAW CUP OPEN CUP

What are some of your child's favorite foods?

Refused foods?

Any food issues or feeding problems that would be helpful for us to know?

Are there any foods your child CANNOT eat or do they have any allergies to food?

Does your family have any special eating rules or rituals?

Hundred Acre Play Care

CHILD INFORMATION

DIAPERING & TOILETING

Diaper Type: DISPOSABLE CLOTH PULL UP UNDERWEAR

Does your child have sensitive skin? YES NO

Does your child have frequent diaper rash? YES NO

Do you use lotions, powders, or diaper creams? NO YES- specify:

Does your child have regular bowel movements? YES NO OTHER How often/ time of day?

What words do you use for urination and bowel movements at home?

Does your child have any other toileting problems, challenges, or things we should know?

Is your child interested in sitting on the toilet? YES NO- if no, skip this section

Is your child toilet trained or toilet training at home? YES NO

Type of toilet used at home: POTTY CHAIR CHILD SIZE SEAT REGULAR TOILET SEAT OTHER

Do they need reminders or prompting to use the toilet? YES NO

Can your child use the toilet, manage clothing, and wash hands independently at home? YES NO SOMETIMES

Can your child communicate a need to use the bathroom before going? YES NO SOMETIMES

GOALS

What are your goals for your child while attending Hundred Acre Play Care this year?

MISCELLANEOUS:

Is there anything else you would like to share with us at this time to help make a smooth transition for your child?

SIGNATURE- Parent/Guardian

DATE

REVIEW DATES: