



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)
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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 & 2 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