St. Charles Early Childhood Wrap Around Enrollment Packet

MCDONELL AREA CATHOLIC SCHOOLS
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St. Charles Early Childhood Center

Registration Form

Child's Full Name:_____ Age:_____ D.O.B.:_____

Child's Full Name:_____ Age:_____ D.O.B.:_____

Child's Full Name:_____ Age:_____ D.O.B.:_____

Child's Home Address:_____

Child(ren) live with: _____Both Parents _____ Mother _____ Father _____ Other

Parent Information

Parent/Guardian Name: _____

Parent D.O.B: _____ SSN: _____

Address: _____

Parent/Guardian Work Phone:_____ Ext._____ Cell or Home Phone: _____

Email address: _____

Place of Employment: _____

Catholic: Yes: _____ No: _____ If so, which parish: _____

Parent/Guardian Name: _____

Parent D.O.B: _____ SSN: _____

Address: _____

Parent/Guardian Work Phone:_____ Ext._____ Cell or Home Phone: _____

Email address: _____

Place of Employment: _____

Catholic: Yes: _____ No: _____ If so, which parish: _____

EMERGENCY CONTACT

Name: _____ BEST Phone #:_____

Relationship to child:_____

Parent/Guardian Print Name	Parent/Guardian Signature	Date

Parent/Guardian Print Name	Parent/Guardian Signature	Date

Revised 9/15/17

DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education
DCF-F (CFS-0062) (R. 02/2009)

STATE OF WISCONSIN

CHILD CARE ENROLLMENT

Use of form: Use of this form is mandatory for Family Child Care Centers to comply with DCF 250.04(6)(a)1. Failure to comply may result in issuance of a noncompliance statement. This form may also be used by Group Child Care Centers and Day Camps to comply with DCF 251.04(6)(a)1. and DCF 252.41(4)(a)1. respectively. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

Instructions: The parent / guardian shall fill out the form completely, sign it and submit it to the center prior to the child's first day of attendance. *Information on this form shall be kept current.* When enrolling a child under two years of age, a completed *Intake for Child Under 2 Years* form must also be on file prior to the child's first day of attendance.

CHILD INFORMATION

Name (Last, First, MI)	Address – Home (Street, City)	Telephone Number	Birthdate (mm/dd/yyyy)	First Day of Attendance

PARENT OR GUARDIAN – 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. Attach court order, if any.

Relationship to Child	Name	Address – Home (Street, City)	Home / Cell Telephone No.	Name and Address – Place of Employment OR Where Reachable While Child is in Care	Telephone No.
Mother					
Father					
Guardian					
Guardian					

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."

Relationship to Child	Name	Address – Home (Street, City)	Home / Cell Telephone No.	Name and Address – Place of Employment OR Where Reachable While Child is in Care	Telephone No.

EMERGENCY CONTACT – The person to be notified in an emergency when parents / guardians cannot be reached. ☐ Yes ☐ No This person is authorized to pick up the child.

Relationship to Child	Name	Address – Home (Street, City)	Home / Cell Telephone No.	Name and Address – Place of Employment OR Where Reachable While Child is in Care	Telephone No.

PHYSICIAN OR MEDICAL FACILITY

Name	Address (Street, City, State, Zip Code)	Telephone Number

AUTHORIZATION

☐ 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.
☐ Yes ☐ No I give permission for my child to participate in field trips and other activities during operating hours. ☐ Transported ☐ Walking
☐ Yes ☐ No I have been informed of the number of pets in the center and their degree of contact with the enrolled children. Note: If pets are added after a child is enrolled, parents shall be notified in writing prior to the pet's addition to the center.

SIGNATURE – Parent or Guardian

	Date Signed

Student Pick- Up / Release Authorization Form

Name of Student(s):

_____

Mother/Guardian Name:

_____

Father/Guardian Name:

_____

Authorized to Pick-Up Student

Please list below all persons, besides parents/guardians, who are authorized to pick up your child from school.
Note: For your child's safety, authorized persons may be asked for photo identification. Please inform the person on the list in advance on this precautionary measure. **Persons may be added to the list or removed at any time, just inform the office staff of any changes to this form.**

Name	Relation	Phone #

EMERGENCY CONTACT - The person to be notified in an emergency when parents/guardians cannot be reached.
☐ Yes ☐ No This person is authorized to pick up my child.

Name and relationship to Child	Home/Cell Phone No.	Email Address	Place of Employment & Phone No.

Getting to know your child

(Age 18 months and Up)

Child's Name: _____

What does your child prefer to be called: _____

Has your child been in childcare before? _____

Favorite activities:

_____

Favorite food(s):

_____

Least favorite food(s): _____

Favorite color: _____

Other favorites: _____

_____

Fears: _____

Allergies: _____

How does your child go to sleep? (Does not apply to SUPERS Kids): _____

_____

Are there any special dolls or items that he/she will need in order to fall asleep? _____

_____

What is the usual time and length of naps taken each day? _____

Anything else that you feel we should know about your child? _____