

**Kelly's Day Care Enrollment Form**

10175 Woodrose Lane Highlands Ranch, CO 80129 (303) 346-0012

Date of Enrollment \_\_\_\_\_

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Sex M F (circle one)

Date of Birth \_\_\_\_\_

Child's brothers and sister (Names and Ages)  
\_\_\_\_\_

Parents: Married/living together Separated Divorced (circle one)

Mother or Guardian's Name \_\_\_\_\_

Address if different from child \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Work Phone \_\_\_\_\_ Email address \_\_\_\_\_

Name of Employment \_\_\_\_\_

Address of Employment \_\_\_\_\_

Father or Guardian's Name \_\_\_\_\_

Address if different from child \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Work Phone \_\_\_\_\_ Email address \_\_\_\_\_

Name of Employment \_\_\_\_\_

Address of Employment \_\_\_\_\_

Special instructions for reaching parent or guardian  
\_\_\_\_\_

**Emergency Contacts**

If I cannot reach the mother, father, or guardian please list below whom to call in case of an emergency or urgent matter:

1. Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Relationship to child \_\_\_\_\_

2. Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Relationship to child \_\_\_\_\_

**Child Pick Up Information**

Persons authorized to pick up your child (Must show photo ID and at least 16 years old)

1. Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Relationship to child \_\_\_\_\_

2. Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Relationship to child \_\_\_\_\_

3. Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Relationship to child \_\_\_\_\_

Name, address, and phone number of child's doctor \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name, address, and phone number of child's dentist \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name, address, and phone number of child's specialists (please list type of specialty) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hospital of Preference (Please check one)

- Littleton Adventist Hospital  
7700 South Broadway  
Littleton, CO 80122  
(303) 730-8900
  
- Children's Hospital of Denver  
13123 East 16<sup>th</sup> Ave.  
Aurora, CO 80045  
(720) 777-1234
  
- Children's Hospital of Highlands Ranch  
1811 Plaza Drive  
Highlands Ranch, CO 80129  
(720) 478-1234
  
- Other \_\_\_\_\_  
\_\_\_\_\_

Chronic Medical Conditions \_\_\_\_\_  
\_\_\_\_\_

Does your child have a written health care plan for any medical needs/conditions/illnesses? \_\_\_\_\_ **If yes, the written health care plan must be provided before the first day your child is in care. The day care will need time to review and approve the health care plan. This is NOT the same as a Health Insurance Plan.**

Child's Health Insurance Plan \_\_\_\_\_

Policy Number \_\_\_\_\_

Health Insurance Phone Number \_\_\_\_\_

Is your child fully immunized? \_\_\_\_\_ **Completed immunization records must be provided on or before the first day the child is in care. Kelly's Day Care**

**requires all children in care to be fully immunized unless for medical reasons. Please request the Medical Exemption Form if this is the case.**

Food Allergies \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special Eating Habits \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Health History (Chronic or Recurring)- write yes or no**

Ear Infections \_\_\_\_\_

Diabetes \_\_\_\_\_

Heart Disease/defect \_\_\_\_\_

Convulsion/seizures \_\_\_\_\_

Asthma \_\_\_\_\_

Nosebleeds \_\_\_\_\_

Measles \_\_\_\_\_

Mumps \_\_\_\_\_

Chicken Pox \_\_\_\_\_

Flu or Flu Shot \_\_\_\_\_

**Allergies (Nature of Reaction)**

Hay Fever \_\_\_\_\_

Plant Poisoning \_\_\_\_\_

Insect stings \_\_\_\_\_

Penicillin \_\_\_\_\_

Other Drugs \_\_\_\_\_

Animals \_\_\_\_\_

Food \_\_\_\_\_

Other \_\_\_\_\_

For the Health History and Allergies please make comments here that you find important for me to know \_\_\_\_\_

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Operations or serious injuries (Dates as well) \_\_\_\_\_

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Is the child on any medications? (Names of Medications and please explain what is for)

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**(Additional paperwork is required for children who take medication while at the day care. Please ask your provider for the appropriate forms)**

Physical Limitations \_\_\_\_\_

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Dietary limitations \_\_\_\_\_

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(Please request additional paperwork for dietary limitations)

Vision Problems \_\_\_\_\_

Hearing Problems \_\_\_\_\_

Speech or Language Delay \_\_\_\_\_

Behavioral  
Concerns \_\_\_\_\_

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Special  
Needs \_\_\_\_\_

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Any concerns you are having with your  
child \_\_\_\_\_

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Are there any activities that you prefer your child NOT to participate in?

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Potty Trained: Yes No In Progress (circle one)

If your child is in the potty training process, please discuss with your day care provider and request literature on our potty training process.

Does your child require assistance in the bathroom: Yes No (circle one)

If yes, please explain the specific assistance they require:

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Preferred use for drinks: Bottle (for under 1 years old) Sippy Cup Regular Cup (circle one)

**\*\*\*If you have custody papers, I must have a copy of any custody paperwork/court orders prior to care\*\*\***

Please list any comments you feel is important that I should know about your child:

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**Kelly's Day Care prefers for all paperwork to be turned in at least several days prior to care. This will give us the necessary time to review and enter all data in order to approve your child/children for care. Once your enrollment packet is reviewed, an email confirmation will be sent to you with approval status.**

**Please sign on the following page, thank you!**

Please sign below agreeing that the information above on your child's enrollment form is correct. If there are any changes, please notify Kelly's Day Care immediately to fill out a new enrollment form or update form. The enrollment form is required to be updated annually regardless if there is a change or not.

X \_\_\_\_\_

Signature of Parent or Guardian Date \_\_\_\_\_

X \_\_\_\_\_

Signature of Parent or Guardian Date \_\_\_\_\_

**Notary:**

**State of \_\_\_\_\_, County of \_\_\_\_\_**

**On \_\_\_\_\_ (date) before me, a Notary Public, in and for said State, personally appeared**

**\_\_\_\_\_ (list all names of persons signing contract) proved to me with satisfactory evidence to be the person/persons named signing Kelly's Day Care contract. I have witnessed all signatures above.**

X \_\_\_\_\_

Notary Signature

My commission expires on \_\_\_\_\_

Seal