



Date of Enrollment _____

Child's Name _____ Nickname _____

Home Address _____

Home Phone _____ Sex M F Age _____ Date of Birth _____

Family Members: _____

Mother or Guardian's Name _____

Address if different from child's _____

Zip _____ Home Phone _____ Cell Phone _____ Email _____

Name of employment (mother/guardian) _____

Address of employment (mother/guardian) _____ Work Phone _____

Father or Guardian's Name _____

Address if different from child's _____

Zip _____ Home Phone _____ Cell Phone _____ Email _____

Name of employment (father/guardian) _____

Address of employment (father/guardian) _____ Work Phone _____

Special instructions for reaching parent or guardian _____

EMERGENCY CONTACTS

1. Name _____ Home Phone _____

Address _____

Work Phone _____ Relationship to child _____

2. Name _____ Home Phone _____

Address _____

Work Phone _____ Relationship to child _____



CHILD PICK UP INFORMATION

Persons authorized to pick up your child
(Must show photo ID)

Name _____

Home Phone _____ Work Phone _____

Name _____

Home Phone _____ Work Phone _____

Name _____

Home Phone _____ Work Phone _____



Medical Care

If a serious injury occurs, after tending to the child, emergency medical services will be contacted if needed or the child will be taken to Children's Hospital located at 13123 E 16th Ave, Aurora, CO 80045, after we have ensured the supervision of other children in the group.

Name, address and phone number of child's doctor _____

Name, address and phone of child's dentist _____

Chronic Medical conditions _____

Does your child have a health care plan? _____ If yes, the health care plan must be provided on or before the first day the child is in care.

Is your child fully immunized? _____ Completed immunization records must be provided on or before the first day the child is in care.

Food Allergies: _____

HEALTH HISTORY recurring)	ALLERGIES (Chronic or (Nature of Reaction)
Ear Infections _____	Hay Fever _____
Diabetes _____	Plant Poisoning _____
Heart disease/defect _____	Insect stings _____
Convulsion/seizures _____	Penicillin _____
Asthma _____	Other drugs _____
Nosebleeds _____	Animals _____
Measles _____	Food _____
Mumps _____	Other _____
Chicken Pox _____	
Flu or Flu shot _____	

Operations or serious injuries (dates) _____

Is the child on any medications? (Explain) _____

If yes, please describe _____

Physical limitations _____ Describe if yes _____

Dietary limitations _____ Describe if yes _____

Vision _____ Hearing _____

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

If so please list: _____

Authorization for Emergency Medical Care

I hereby give permission to Tinker Town staff to call a doctor or emergency medical service and for the doctor, hospital, or medical service to provide emergency medical or surgical care for my child,
_____.

It is understood that Tinker Town staff will make a conscientious effort to locate the parent/guardians and emergency contacts listed on the registration document before any action will be taken. If it is not possible to locate emergency contacts listed treatment will not be delayed. I/we will accept the expense of emergency transportation, medical, or surgical treatment.

Parent/Guardian signatures

_____ Date _____

_____ Date _____



Parent Daily Checklist:

- Water Bottle/ Sippy Cup
- Snacks/ Lunch
- Diapers/ Wipes
- Emergency Medication
- Extra Clothing/ Underwear
- Sheet and Blanket
- Lovie
- Sunscreen

Policies and Procedures for Tinker Town 2019-2020

From time to time, Tinker Town may choose to update the Policies and Procedures Handbook. The most recent version will be available at www.tinkertowndenver.com to view or download, as well as available upon request.

I have been furnished with a copy of Tinker Town's policy and procedures. By signing below, I signify receipt of these procedures. I understand I will be held accountable to the procedures listed in the handbook.

Parent(s) Name: _____

Parent(s) Signature: _____

Child(ren) Name: _____

Date: _____



Parent's/Guardian's Permission To Apply Sunscreen To Child

(Name of Child) _____

As the parent or guardian of the above child, I recognize that too much sunlight may increase my child's risk of getting skin cancer someday. Therefore, I give my permission for personnel at Tinker Town to apply a sunscreen product of SPF-15 or higher to my child, as specified below, when he or she will be playing outside, especially during the months of March through October and between the daily times of 10 a.m. and 4 p.m. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of the ears, nose and bare shoulders, arms, and legs. I have checked all applicable information regarding the type and use of sunscreen for my child:

- I do not know of any allergies my child has to sunscreen.
- Staff may use the sunscreen of their choice following the directions or recommendations printed on the bottle.
- I have provided the following brand/type of sunscreen for use on my child:
- My child is allergic to some sunscreens. Please use only the following brand(s) and type(s) of sunscreen:
- For medical or other reasons, please do not apply sunscreen to the following areas of my child's body:

Parent/Guardian full name (print): _____

Parent/Guardian signature: Date: _____



PERMISSION SLIP FOR 2019-2020

Please complete this form at registration.

Child's Name:	Date of Birth:	Class Room:
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1. **Permission for Trips** Yes No*
 Initialed _____

My child has permission to participate in short, unannounced field trips including but not limited to: walks as a class around the perimeter of the building and/or nearby neighborhoods; trips to local playgrounds; trips to local businesses. I further give permission for my child to be transported via walking, stroller, or wagon to the destination. Teacher-child ratios are maintained at all times.
 * By checking "No" I am requesting to sign individual permission slips for each activity.

2. **Permission for Use of Photos** Yes No
 Initialed _____

I recognize that Tinker Town uses photographs and video images of events in publications including websites, social media, and newsletters. I hereby grant permission for photo/video images of my child to be taken and used for such purposes. I understand that my child's name will not be used for publicity purposes.

EMERGENCY CONTACT INFORMATION		
Name	Telephone (s)	Relationship to Child
Name	Telephone (s)	Relationship to Child
Parent Agreement I have read and understand this annual permission slip. I may change or revoke any aspect of this agreement at any time by submitting my request, in writing, to the Director.		
Printed Name of Parent/Guardian	Signature of Parent/Guardian	Date
Street Address (if different from girl's)	City/State/Zip	Phone Number