DEPARTMENT OF CHILDREN AND FAMILIES

Division of Early Care and Education
DCF-F (CFS-0062) (R. 02/2009)

CHILD CARE ENROLLMENT

STATE OF WISCONSIN

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 INFOR	MATION					
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 / Ce Telephone N		ress – Place of Employm achable While Child is in (
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 / Ce Telephone N	II Name and Add	ress – Place of Employm achable While Child is in	ent Tolophono No.
		ied in an emergency when parents / guardians cannot be reac				
Relationship to Child	Name	Address – Home (Street, City)	Home / Ce Telephone N		ress – Place of Employm achable While Child is in	
PHYSICIAN OR MEDICAL FACILITY						
Name	Name Address (Street, City, State, Zip Code)					lephone Number
AUTHORIZAT	TON	•			<u>'</u>	
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						