HARBOR VIEW
CREATIVE LEARNING CENTER

Enrollment Form 2021

Child's Name: _____ Date of Enrollment: _____

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: _____ 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: _____ 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 Pickup 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: _____

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

Name, address and phone number of child's dentist: _____
_____

Hospital of Preference (Please check one): ☐ Novant Health Matthews Medical Center
1500 Matthews Township Pkwy
Matthews, NC 28105

☐ Carolinas HealthCare
332 N Trade St.
Matthews, NC 28105

☐ Other _____

Chronic Medical Conditions: _____

Does your child have a Medical Action Plan? Yes No

If yes, the Medical Action Plan is for:

- ☐ Allergy & Anaphylaxis (Non-Food)
- ☐ Asthma
- ☐ Diabetes
- ☐ General (explain: _____)
- ☐ Seizure
- ☐ Food Allergy

If yes, the Medical Action Plan must be provided on or before the first day the child is in care.

Is your child fully immunized? _____

Complete immunization records must be provided on or before the first day the child is in care.

Food Allergies: _____

Health History

(Chronic or Recurring)

Ear Infections: _____

Diabetes: _____

Heart disease/defect: _____

Convulsions/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: _____

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:

_____

I hereby give permission to Harbor View Creative Learning Center to call a doctor or emergency medical services and for the doctor, hospital or medical service to provide emergency medical or surgical care for my child_____.

It is understood that the childcare provider 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 any emergency transportation, medical or surgical treatment.

Parent/Guardian Signatures:

_____ Date: _____

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any drug or any medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian.

Owner/Director Signature:

_____ Date: _____

Enrollment Forms must be reviewed at least annually to review and update any changes. Signing this annual update means that you have re-read the enrollment information and state that all information is still correct and up to date.

1 year annual update: Parent/Guardian Signature: _____

Date: _____

2nd year annual update: Parent/Guardian Signature: _____

Date: _____