

Prodigy Child Enrollment Packet

Date of Enrollment _____

Child's Name _____

Home Address _____

Gender _____ Age _____ Child's DOB _____

Mother/Guardian Name

Address (if different from Child's)

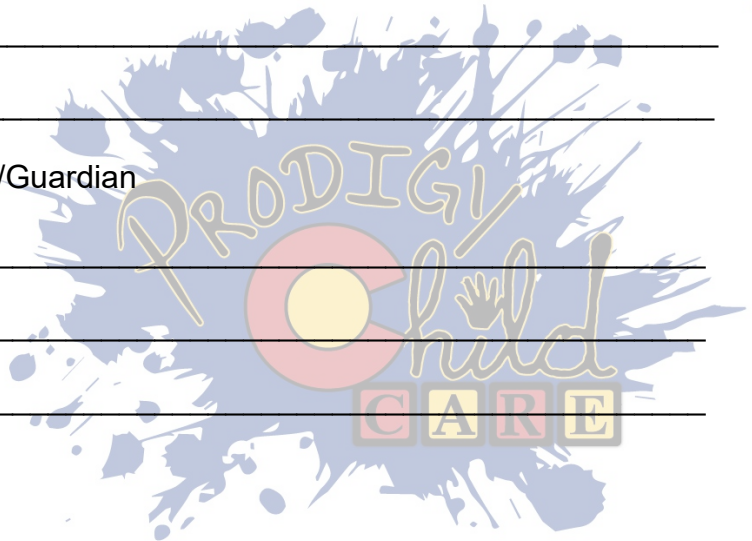
Home Phone (_____) _____ Cell Phone (_____) _____

E-mail _____ Work Phone (_____) _____

Name of Employer _____

Address of Employer _____

Special Instructions for Reaching Parent/Guardian



Father/Guardian Name

Address (if different from Child's)

Home Phone (_____) _____ Cell Phone (_____) _____

E-mail _____ Work Phone (_____) _____

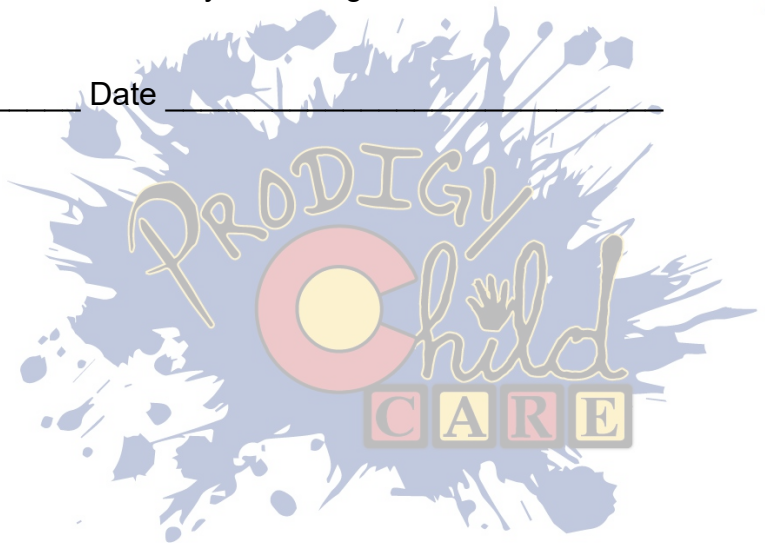
Name of Employer _____

Address of Employer _____

Special Instructions for Reaching Parent/Guardian

By signing below, I certify all information provided in this enrollment packet for Prodigy is true and correct to the best of my knowledge.

Signature _____ Date _____



Emergency Contacts

(3 Required – Also authorized to pickup child)

Name _____

Home Phone (_____) _____ Cell Phone (_____) _____

Work Phone (_____) _____

Address _____

Relationship to Child _____

Name _____

Home Phone (_____) _____ Cell Phone (_____) _____

Work Phone (_____) _____

Address _____

Relationship to Child _____

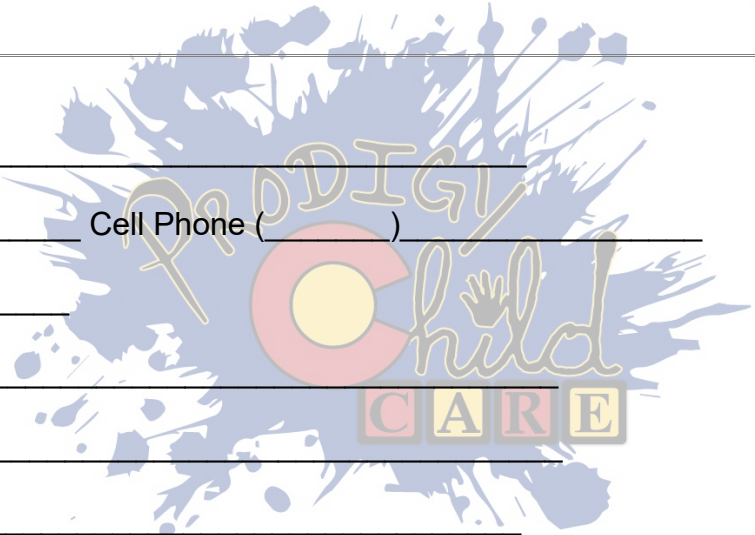
Name _____

Home Phone (_____) _____ Cell Phone (_____) _____

Work Phone (_____) _____

Address _____

Relationship to Child _____



Child's Doctor

Name _____

Address _____

Phone Number (_____) _____

Child's Dentist

Name _____

Address _____

Phone Number (_____) _____

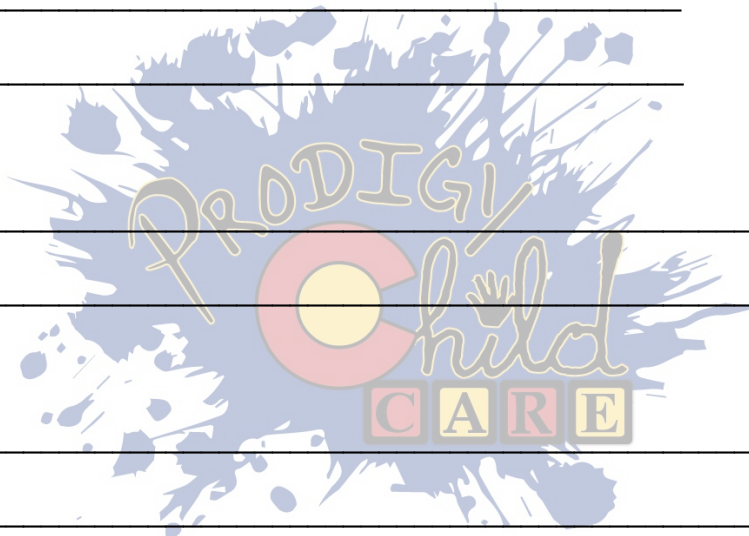
Health Information

Hospital of Preference _____

Hospital Address _____

Chronic Medical Conditions

Special Needs



Does your child have a healthcare plan? Y / N (ex. Inhaler, Allergy)
**If yes, the healthcare plan must be provided with medication,
on or before the first day of the child's care.**

Is your child fully immunized? Y / N
Completed immunization records must be provided on or before the first day of the child's care.

Food Allergies

Medications

Medical Allergies

Medical Concerns

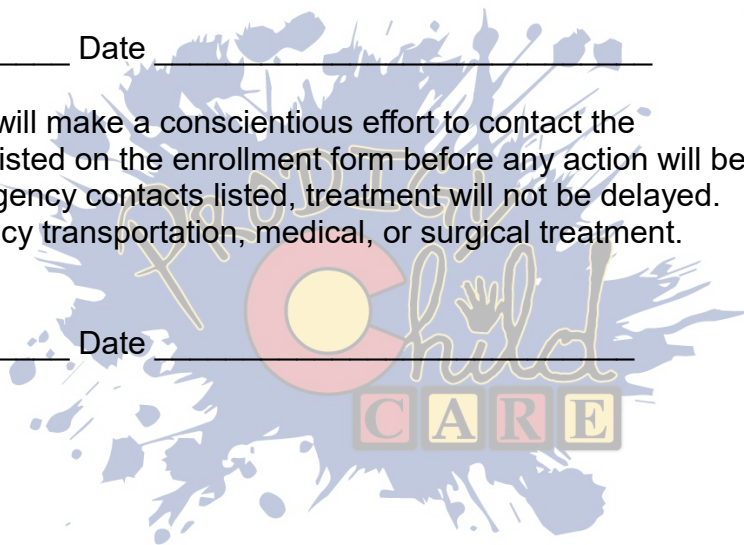
Authorization for Emergency Medical Care

I hereby give my permission to Prodigy Child Care 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.

Signature _____ Date _____

It is understood that Prodigy Child Care will make a conscientious effort to contact the parent/guardian or emergency contacts listed on the enrollment form before any action will be taken. If it is not possible to reach emergency contacts listed, treatment will not be delayed. I/We will accept the expense of emergency transportation, medical, or surgical treatment.

Signature _____ Date _____



Other Permissions

Field Trip

I give permission for my child to participate in and be transported while under proper staff supervision of Prodigy Childcare at all times for field trips, to and from school, educational excursions, and other site-sponsored activities.

Signature _____ Date _____

Video Viewing

I give my child permission to view any and all G-rated videos or any video previously viewed and approved by Prodigy Childcare staff and management. More information can be found in the Prodigy Childcare Handbook under the Video Viewing section.

Signature _____ Date _____

Topical Medications/Preventive Ointments

I give Prodigy Childcare staff permission to apply parent/guardian-supplied sunscreen or bug spray.

Signature _____ Date _____

Additional Information

In the lines provided please include any additional information you find important when taking care of your child. Also include any activities you wish your child to not participate in.

A large, semi-transparent watermark of the Prodigy Child Care logo is centered on the page. The logo features the word "PRODIGY" in a stylized, outlined font at the top, a central graphic of a sun with a yellow circle and a red ring, and the words "Child CARE" below it, with "Child" in a cursive font and "CARE" in a blocky font with each letter in a different color.