



2025-2026 Enrollment/Registration Application

Child Information

Child's Full Name _____ Child's Nickname _____

Age _____ Date of Birth _____ Gender _____

ALLERGY ALERT: Does your child have allergies? Yes No *If yes, please complete an allergy care plan.

Hours of Care Needed:

Full Day

Half Day AM

Monday Wednesday

Other: _____

Half Day PM

Tuesday Thursday

Parent/Guardian Information

Name _____ Relationship _____

Address _____ City/State/Zip _____

Phone Number _____ Email Address _____

Place of Work _____ Work Phone Number _____

Other Parent/Guardian Information (if applicable)

Name _____ Relationship _____

Address _____ City/State/Zip _____

Phone Number _____ Email Address _____

Place of Work _____ Work Phone Number _____

Required Emergency Contact #1

Name _____

Relationship _____

Phone Number _____

Required Emergency Contact #2

Name _____

Relationship _____

Phone Number _____

Authorized Pick Ups

Name _____

Name _____

Relationship _____

Relationship _____

Phone Number _____

Phone Number _____

Medical Contact Information

Doctor Name _____ Doctor Phone Number _____

Medical Facility _____ Insurance/Health Coverage _____

Dentist Name _____ Dentist Phone Number _____

Child Medical Information

Does your child have any special needs (IEP, SpEd, etc)? Yes No

*If yes, complete a [written care plan with provider](#).

Does your child have any chronic health issues or specific care needs? Yes No

*If yes, complete a [written care plan with provider](#).

Does your child regularly need medication, or have medication prescribed for continuous, long-term use? Yes No *If yes, why?: _____

Parent/Guardian Authorizations

- My child may be taken on field trips or excursions by bus or private motor vehicle, as well as on neighborhood walking excursions under required supervision: Yes No *NOTE: A signed permission slip is required for all field trips out of the neighborhood.
- My child may use sunscreen: Yes No
- My child may be photographed/video recorded for publicity or social media purposes: Yes No
- I have reviewed a copy of this child care facility's current license certificate: Yes No
- I have received a written copy of the program's childcare policies (Parent Handbook): Yes No
- In an emergency, the childcare facility has my permission to call an ambulance or transport my child to any available physician/hospital at my expense to obtain medical treatment: Yes No

*NOTE: In most emergencies, 911 is called and the child is transported to the nearest hospital and treated by the on-call physician. The parent or guardian of the child must be notified as soon as possible.

Parent/Guardian Signature _____ Date _____

ANNUAL REVIEWS and/or UPDATES: Azalea Gardens Preschool must have the parent or guardian review, update, and initial the enrollment form at least annually. **Please date and initial below anytime the enrollment information is reviewed and/or updated.**

Date: _____ Parent initials: _____

Date: _____ Parent initials: _____

Date: _____ Parent initials: _____

Medical Authorization for Non-Prescribed Medications

Child's Name: _____

All over the counter medications including topical substances shall be in the original container and labeled with the child's name. My child may be given non-prescribed medication. This may include the following:

Acetaminophen	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ibuprofen	<input type="checkbox"/> Yes <input type="checkbox"/> No
Antibiotic cream	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insect Repellent	<input type="checkbox"/> Yes <input type="checkbox"/> No
Antihistamine	<input type="checkbox"/> Yes <input type="checkbox"/> No	Lip Balm	<input type="checkbox"/> Yes <input type="checkbox"/> No
Antiseptic wipes/gel	<input type="checkbox"/> Yes <input type="checkbox"/> No	Rash Ointment/Cream	<input type="checkbox"/> Yes <input type="checkbox"/> No
Baby Lotion	<input type="checkbox"/> Yes <input type="checkbox"/> No	Saline Nose Drops	<input type="checkbox"/> Yes <input type="checkbox"/> No
Baby Oil	<input type="checkbox"/> Yes <input type="checkbox"/> No	Shampoo	<input type="checkbox"/> Yes <input type="checkbox"/> No
Baby Powder	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sunburn Ointment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cough Syrup	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sunscreen	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diapering Ointment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Teething medications	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diaper Wipes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Toothpaste	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hydrocortisone	<input type="checkbox"/> Yes <input type="checkbox"/> No	Petroleum Jelly	<input type="checkbox"/> Yes <input type="checkbox"/> No

Other:

PARENT/GUARDIAN SIGNATURE

DATE