

Sweet Pea Preschool  
Early Childhood Center

4117 S.E. Harrison St.  
Milwaukee  
503-654-1224

### Enrollment and Authorization Form

Name of Child \_\_\_\_\_ Date entered care \_\_\_\_\_

Birthday \_\_\_\_\_ Nickname \_\_\_\_\_ Age at entry \_\_\_\_\_

Allergy Alerts: Does your child have allergies? Yes \_\_\_ No \_\_\_ To What \_\_\_\_\_

Parent(s) or Guardian(s) Contact Information:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer/worksite/hours \_\_\_\_\_ Work Phone \_\_\_\_\_

Primary email address \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer/worksite/hours \_\_\_\_\_ Work Phone \_\_\_\_\_

We always try to contact parents first. However, we are required to have an emergency contact other than parents. These people are also authorized to pick up your child from Sweet Pea. Please list all phone numbers appropriate:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Other people authorized to pick up child in a non-emergency situation:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Medical Provider \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Information \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone \_\_\_\_\_

#### My Signature gives permission for the following:

In an Emergency, Sweet Pea Preschool has my permission to call an ambulance or to take my child to any available physician or hospital at my expense and to obtain medical treatment for my child. In most emergencies, 911 is called and child is transported to the nearest hospital and seen by the Dr. on call. (Parents are always notified as soon as possible.)

Please list any restrictions:

- My child may be given non-prescribed medication as indicated on the container, including sun screen, children's pain reliever, antibacterial first aid cream, and diapering ointment. Syrup of ipecac may be administered if deemed necessary by the poison control operator. (We will contact parents prior to administering non-prescription pain relievers. Prescription Medications must be current and require permission slips for each medication.) **yes** \_\_\_ **no** \_\_\_
- My child may be taken of field trips or excursions by bus, private motor vehicle; and on neighborhood walking excursions, under required supervision. **yes** \_\_\_ **no** \_\_\_
- My child may participate in swimming and other water activities under required supervision. **yes** \_\_\_ **no** \_\_\_
- My child may be photographed for publicity or news purposes. \_\_\_ on site \_\_\_ off site