2025-2026 BTC Enrollment Form: HRCS

Child's Name (Last, First)	Child Nickname

Date of Birth	Date Entered Care	Age at Entry	Grade

Mornings: M_____ T_____ W_____ Th _____ F_____	Afternoons: M_____ T_____ W_____ Th _____ F_____

ALLERGY ALERT	Does your child have allergies? ☐ YES* ☐ NO Allergy:

Parent or Guardian Contact Information

Name (First, Last)	Relationship
Home Address (Street, City, Zip)	

Home Phone	Cell Phone	Email Address

Employer and Work Hours	Work Address (Street, City, Zip)	Work Phone

Name (First, Last)	Relationship
Home Address (Street, City, Zip)	

Home Phone	Cell Phone	Email Address

Employer and Work Hours	Work Address (Street, City, Zip)	Work Phone

Required Emergency Contact Information- person other than parent or guardian that is authorized to pick up child

Name (First, Last)	Phone	Relationship
Name (First, Last)	Phone	Relationship

Non-Emergency Contact Information- person other than parent or guardian that is authorized to pick up child

Name (First, Last)	Phone	Relationship
Name (First, Last)	Phone	Relationship

Medical Contact Information

Insurance Provider and Policy Information (if applicable)	
Child's medical provider(s) or emergency care facility	Phone

Parent or Guardian Authorizations

Please list any restrictions to permission of the following:

My child may be taken on neighborhood walks. ☐ 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 apply their own sunscreen under adult supervision. ☐ Yes ☐ No

My child may be photographed and/or recorded for publicity or news purposes: ☐Yes ☐ No This applies to: ☐ On-site ☐ Off-site photography and video.

My child may participate in special occasions/celebrations, including when food is served as part of the celebration. ☐ 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 child care policies. ☐ Yes ☐ No

My child may participate in any religious and cultural events. ☐ Yes ☐ No

In an emergency, the child care facility has my permission to call an ambulance or transport my child to any available physician or hospital at my expense to obtain medical treatment. 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 is notified as soon as possible.

Parent/Guardian Signature	Date