

# Admission Form

#### **Child Information Continued**

Admission Requirement:	
If your child does not attend pre-kindergarten or school awa child is admitted or within one week of admission:	y from Go-n-Play, one of the following must be presented when your
Health Care Professional Statement: I have examined the take part in the day care program.	e above named child within the past year and find that he/she is able to
Health Care Professional's Signature	Date
A signed and dated copy of a health care professional's st	tatement is attached.
Medical diagnosis and treatment conflict with the tenets or am a member of. I have attached a signed and dated affid	and practices of a recognized religious organization, which I adhere to avit stating this.
	a health care professional and is able to participate in Go-n-Play. With fessional's signed statement and will submit it to Go-n-Play.
List any special care information that your child may h which caregivers should be aware of. For prescribed n	nave, such as allergies, existing illness and any other information nedication, another form will need to be completed.
of ID.	e the parent / guardian. Children will only be released after verification
Emergency Authorized	Emergency Authorized
Name:	Name:
Relationship:	Relationship:
Address:	Address:
City, State, Zip Code:	City, State, Zip Code:
Phone #:	Phone #:
Emergency Authorized	Emergency Authorized
Name:	
Relationship:	
Address:	
City, State, Zip Code:	
Phone #:	



### **Admission Form**

#### **Authorization For Emergency Medical Attention**

In the event I cannot be reached to make arrangements for emergency medical care, I give consent for the facility to secure any and all necessary emergency medical care for my child(ren). I authorize the person in charge to call 911 and my child will be transported by ambulance to the emergency facility I have listed below.

Name of emergency medical care facility:	
Address:	Phone #:
<u>Doctor Information</u>	
Child(ren)'s Name:	Child(ren)'s Name:
Doctor's Name:	Doctor's Name:
Address:	Address:
City, State, Zip Code:	City, State, Zip Code:
Phone #:	Phone #:
photographs of my child(ren) for any lawful conjunction with the photographs, it will be <a href="#">Check one</a>	
I agree Go-n-Play may use photographs	
I do NOT consent for Go-n-Play to use p	photographs of my child(ren).
Admission Form Signature	
•	ovided in this admission form is completed and accurate to the best of Play if any pertinent information changes.
Parent Signature	Date



## Go-n-Play Supply List

• Rest mats. For children 18 months—5 years old who are enrolled in full time or part time care.

Rest mats must be labeled and must be either waterproof or washable. You can choose to purchase your own rest mat or you can pay Go-n-Play to purchase the rest mat for you. We purchase rest mats from Amazon. The fee for Go-n-Play to purchase your rest mat is \$40.00.

- Wipes. For children who are still in diapers or pull ups.
- **Diapers/Pull ups.** For children that are not potty trained.
- Extra clothes. For children who are in diapers/pull ups or for children who are potty training.
- Bottle. For children who are currently using a bottle for feeding.

All bottles must be labeled.

• Cup. Cups are not required but you can choose to bring your own if you prefer.

All cups must be labeled.