



ADMISSION FORM

The information below must be completed in order for your child(ren) to be admitted in Giggles Drop In Playcare.

Please note if the phone is a landline or a cell phone.

Parent's Name: _____ Parent's Phone Number: _____

Parent's Name: _____ Parent's Phone Number: _____

Mailing address: _____ Email Address: _____

Please provide the following information about your child(ren)

Name: _____

Name: _____

Name Called: _____

Name Called: _____

Birthdate: _____

Birthdate: _____

Address: _____

Address: _____

Name: _____

Name: _____

Name Called: _____

Name Called: _____

Birthdate: _____

Birthdate: _____

Address: _____

Address: _____

Name: _____

Name: _____

Name Called: _____

Name Called: _____

Birthdate: _____

Birthdate: _____

Address: _____

Address: _____

HOW DID YOU HEAR ABOUT US?



ADMISSION FORM

EMERGENCY AND AUTHORIZED ADULTS

Please provide at least **ONE** Authorized Pick-Up and **ONE** Emergency Contact. Please check if the person listed is an Emergency Contact, Authorized Pick-Up or Both.

Emergency Contact: a person whom we can contact in case of an emergency if parents/guardians cannot be reached.

Authorized Pick-Up: an authorized person to pick up is someone besides the parent/guardian. Child **WILL NOT** be released until the staff has checked the ID of the authorized person.

Emergency **Authorized**
Name: _____
Relationship: _____
Address: _____
City, State, Zip Code: _____
Phone Number: _____

Emergency **Authorized**
Name: _____
Relationship: _____
Address: _____
City, State, Zip Code: _____
Phone Number: _____

Emergency **Authorized**
Name: _____
Relationship: _____
Address: _____
City, State, Zip Code: _____
Phone Number: _____

Emergency **Authorized**
Name: _____
Relationship: _____
Address: _____
City, State, Zip Code: _____
Phone Number: _____

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 take my child(ren) to **ONE** of the following:

North Valley Hospital
1600 Hospital Way Whitefish MT 59937
(406)863-3500

Kalispell Regional Medical Center
310 Sunnyview Lane Kalispell MT 59901
(406)752-5111

Name of Other Emergency Medical Care Facility: _____

Address: _____ Phone Number: _____



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In addition to the other information you have given, please provide the following below in case of an emergency in which case we CAN NOT reach you or any other emergency contacts on the phone numbers that you have given. If you are putting Grandparents, Family Members or Family Friends please make sure to note who is who below. (If you have more than one job please list both of them below)

In Case of Emergency Contact Information

Parent or Guardian Name: _____

Parent or Guardian Place of Work: _____

Place of Work Phone Number: _____

Place of Work Address: _____

Parent or Guardian Name: _____

Parent or Guardian Place of Work: _____

Place of Work Phone Number: _____

Place of Work Address: _____

Parent or Guardian Name: _____

Parent or Guardian Place of Work: _____

Place of Work Phone Number: _____

Place of Work Address: _____

Name: _____

Place of Work: _____

Place of Work Phone Number: _____

Place of Work Address: _____

Name: _____

Place of Work: _____

Place of Work Phone Number: _____

Place of Work Address: _____

Name: _____

Place of Work: _____

Place of Work Phone Number: _____

Place of Work Address: _____

Name: _____

Place of Work: _____

Place of Work Phone Number: _____

Place of Work Address: _____



ADMISSION FORM

DOCTOR INFORMATION

Child(ren)s Name(s): _____

Child(ren)s Name(s): _____

Doctor's Name: _____

Doctor's Name: _____

Address: _____

Address: _____

Phone Number: _____

Phone Number: _____

Doctor Check*

Doctor Check*

****Doctor Check** – the above Doctor(s) has examined my child(ren) within the past year and my child(ren) are able to participate at Giggles Drop In Playcare.*

<p>Child's Name: _____</p> <p><u>Submitted to Giggles Playcare</u></p> <p><input type="checkbox"/> Up to date Immunization Records</p> <p><u>Immunizations and Health Conflict Statement*</u></p> <p><input type="checkbox"/> Immunization and Health Conflict Statement</p>	<p>Child's Name: _____</p> <p><u>Submitted to Giggles Playcare</u></p> <p><input type="checkbox"/> Up to date Immunization Records</p> <p><u>Immunizations and Health Conflict Statement*</u></p> <p><input type="checkbox"/> Immunization and Health Conflict Statement</p>
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*** Immunization's and Health Conflict Statement –**

Immunization requirements plus medical diagnosis and treatment conflict with my beliefs and / or practices of a recognized religious organization, which I adhere to or am a member of; I have attached, signed and dated affidavits stating this for the immunizations and one of the Health Care Professional Statements.



ADMISSION FORM

MY CHILD ATTENDS DAY CARE OR SCHOOL

Please add your child's information if applicable

Child's Name: _____ School/Daycare: _____ Address: _____ Phone Number: _____	Child's Name: _____ School/Daycare: _____ Address: _____ Phone Number: _____
Child's Name: _____ School/Daycare: _____ Address: _____ Phone Number: _____	Child's Name: _____ School/Daycare: _____ Address: _____ Phone Number: _____
Child's Name: _____ School/Daycare: _____ Address: _____ Phone Number: _____	Child's Name: _____ School/Daycare: _____ Address: _____ Phone Number: _____

SPECIAL CARE INFORMATION

List any special care information that your child may have, such as allergies, any prescribed medications, and any other information which caregivers should be aware of. For prescribed medications, another form will be filled out and need to be completed.

Child's Name: _____

Special Care Information: _____

Child's Name: _____

Special Care Information: _____

Child's Name: _____

Special Care Information: _____

Child's Name: _____

Special Care Information: _____



ADMISSION FORM

GIGGLES DROP IN PLAYCARE POLICIES AND PROCEDURES

PLEASE CHECK ALL THE BOXES THAT APPLY:

- I acknowledge receipt of the facility's operational policies.
 - I have read and understand the facility's discipline and guidance procedures
 - I have read and agree to the daily health check procedures.
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PHOTO AND SOCIAL MEDIA CONSENT

I hereby authorize Giggles Drop In Playcare to publish photographs taken of my child(ren). I agree that Giggles may use such photographs of my child(ren) for any lawful purpose in print or electronically. Names will **NEVER** be used in conjunction with the photographs, it will only be for promotional purposes only.

- YES** I give Giggles permission for my child(ren)s photos to be used in the facility
 - YES** I give Giggles permission for my child(ren)s photos to be used on Giggles Social Media Accounts
 - NO** my child(ren)s photos **MAY NOT** be used in Giggles facility.
 - NO** my child(ren)s photos **MAY NOT** be used on Giggles Social Media Accounts
-

ADMISSION FORM SIGNATURE

I confirm that all of the information provided in this Admission Form is complete and accurate to the best of my knowledge. I agree to update Giggles Drop In Playcare when and if any of my information changes.

Parent Signature

Date