



# The Commonwealth of Massachusetts Department of Early Education and Care

FORM	
Subject: Child Enrollment Form for Emergency Child Care Program	Emergency Child Care
Effective Date: updated March 21, 2020	

## Child Enrollment Form for Emergency Child Care Program

### Child Information

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age at Admission: \_\_\_\_\_ Date of Admission: \_\_\_\_\_

Child's Home Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Primary Language: \_\_\_\_\_ Identifying Marks: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Skin Color: \_\_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

School Information: \_\_\_\_\_

Immunization Information: \_\_\_\_\_ Lead Screening: \_\_\_\_\_

### Reason Eligible

DCF Involved:       DTA/TAFDC Involved:       Homeless:       Critical worker:

Explain: \_\_\_\_\_

### Parent/Guardian Information

#### Parent/Guardian #1:

Parent/Guardian Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Home Address: \_\_\_\_\_

Reachable Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer Name and Address: \_\_\_\_\_

Employer Phone Number: \_\_\_\_\_

Hours at Work: \_\_\_\_\_

Parent/Guardian #2:

Parent/Guardian Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Home Address: \_\_\_\_\_

Reachable Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer Name and Address: \_\_\_\_\_

Employer Phone Number: \_\_\_\_\_

Hours at Work: \_\_\_\_\_

**Additional Information**

Special Diet? \_\_\_\_\_

Allergies:  If yes, describe: \_\_\_\_\_

Epipen:  If yes, describe \_\_\_\_\_

Individual Health Plan for child with a chronic health condition? If yes, please attach. \_\_\_\_\_

Copies of any custody agreements, court orders, and restraining orders pertaining to the child? If yes, please attach. \_\_\_\_\_

Medications and side effects: \_\_\_\_\_

Special limitations or concerns? \_\_\_\_\_

**I acknowledge that this care is being provided in a state of an emergency pursuant to Governor Baker's Executive Order. EEC's Emergency Child Care Program is not subject to EEC licensure and does not require that the program meet all requirements in EEC regulations. I recognize that this child care is being offered on a temporary basis.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## Emergency Card Information

**Reminder: This emergency card information is for the educator's first aid kit. The educator must take this first aid kit when leaving the child care premises to ensure child safety.**

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Child's Home Address:** \_\_\_\_\_

\_\_\_\_\_ **Phone:** \_\_\_\_\_

### Instructions to Reach or Guardian:

1. \_\_\_\_\_  
(Name, Address, Home, and Cell Phone #)

2. \_\_\_\_\_  
(Name, Address, Home, and Cell Phone #)

### Contact Information for Physician or Health Care Professional

1. \_\_\_\_\_  
(Physician's Name, Address, Phone #)

### Emergency Contact Person(s)

1. \_\_\_\_\_  
(Physician's Name, Address, Phone #)

2. \_\_\_\_\_  
(Physician's Name, Address, Phone #)

### Emergency Medical Treatment

I hereby give \_\_\_\_\_ permission to  
(Name of educator/assistant)

Administer basic first aid/or CPR to my child \_\_\_\_\_  
(Name)

And/or take my child \_\_\_\_\_ to a hospital for medical treatment  
(Name)

When I cannot be reached or when delay would be dangerous to my child's health.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

[Type here]

[Type here]

Medical Insurance Information (Optional)

Subscriber Name \_\_\_\_\_

Type of Insurance \_\_\_\_\_

Policy Number: \_\_\_\_\_

Copy of Insurance Card

Other Pertinent Medical Information: