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 bsic 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

Medical Insurance Information (Optional)
Subscriber Name_____

Type of Insurance_____

Policy Number: _____

[ ] Copy of Insurance Card

Other Pertinent Medical Information: