

**LEARNING WAGON  
PRESCHOOL AND  
CHILDCARE**  
STUDENT ENROLLMENT AND  
CONSENT FORMS

304 Eagle Ave. Rockland WI 54653

(608) 633-8562

Learningwagonpreschool@yahoo.com

Mrs. Josie Wermager

**ADMIN4YOU**

## ENROLLMENT APPLICATION

Child's Name	
Child's Birthday	
Child's Age	

Current Address:

\_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

Parent/Guardian's Name: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

### Parent/Guardian Information

Parent/Guardian Home Phone:
Parent/Guardian Work Phone:
Parent/Guardian Cell Phone:

### Parent/Guardian Information

Parent/Guardian Home Phone:
Parent/Guardian Work Phone:
Parent/Guardian Cell Phone:

### Emergency Contact Information

<b>Emergency Contact Person:</b>	
Relation:	Contact's Phone:
<b>Emergency Contact Person:</b>	
Relation:	Contact's Phone:
<b>Emergency Contact Person:</b>	
Relation:	Contact's Phone:

## ENROLLMENT SCHEDULE

Start Date: \_\_\_\_\_

### Hours:

<u>DAY</u>	<u>START TIME</u>	<u>END TIME</u>
<u>Monday</u>		
<u>Tuesday</u>		
<u>Wednesday</u>		
<u>Thursday</u>		
<u>Friday</u>		
<u>Saturday</u>		
<u>Sunday</u>		

**Estimated time of drop-off:**

**Estimated time of pickup:**

## **ABOUT YOUR CHILD**

Has your child ever been in childcare before? \_\_\_\_\_

How does your child feel about daycare and being left by his/her mommy/daddy?

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What is your normal method of discipline?

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What is your child's temperament? Are they easy-going, hard to please, demanding, aggressive?

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Are there any food restrictions?

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What is your child's favorite food?

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What food does your child dislike?

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Can your child use the bathroom on their own?

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Does your child take naps? And if so how long?

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Has your child had experience playing with other children?

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What language(s) are spoken at home?

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Does your child have any security objects such as a blanket, soother, bottle, toy etc.?

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What are your child's favorite activities, toys, books, or games?

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Are there any other comments or information you would like to let me know about?

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**Parent/Guardian Signature**

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**Date**

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**Parent/Guardian Signature**

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**Date**

## **MEDICAL INFORMATION AND CONSENT**

**Child's Name:** \_\_\_\_\_

I confirm that my child is up to date on their immunizations

I have attached a copy of my child's immunization and health records

## **EMERGENCY CONTACT INFORMATION OF GUARDIANS/PARENTS**

<b>1. Name:</b>	Relationship:	Phone:
Work Phone:	Work Address:	
<b>2. Name:</b>	Relationship:	Phone:
Work Phone:	Work Address:	
<b>3. Name:</b>	Relationship:	Phone:
Work Phone:	Work Address:	

Does your child have any known allergies?

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Are you concerned that your child may be prone to any type of allergies?

Describe:

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Does your child have any medical conditions which I should be made aware of?

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**Has your child had the following common childhood illnesses?**

*(please circle)*

Does your child have any problems with any of these?

Constipation

Asthma

Convulsions

Bronchitis

Diarrhea

Chicken Pox

Fainting Spells

Diabetes

Frequent Colds

Heart Disease

Frequent Ear Infections

Hepatitis

Frequent Sore Throats

Impetigo

Lice

Measles

Ringworm

Mumps

Skin Rash

German Measles

Soiling

Polio

Stomach Upsets

Scarlet Fever

Urinary Problem

Tuberculosis

Worms

Whooping Cough

Does your child have any speech, hearing, or visual problems?

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Does your child wear glasses or contacts?

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Would there be any restrictions to play or activities?

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## **EMERGENCY TREATMENT AND TRANSPORTATION**

I hereby give permission to Learning Wagon Preschool, to secure emergency medical and or dental treatment and to provide emergency transportation for the above-named minor child while in care. Non-emergency medical treatment is not included in this authorization.

**Signature of Parent/Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## **EMERGENCY INFORMATION**

Hospital:

Address:

Phone:

Poison Control:

Phone: (800) 222-1222



## **APPLICATION OF NON-MEDICATED TOPICAL PRODUCTS**

We, \_\_\_\_\_, parents of \_\_\_\_\_, authorize Learning Wagon Preschool and Childcare LLC staff to apply the following non-medicated topical cream/lotion to our child. We have applied this product to our child at least once before, and our child has no known allergies to it. This cream will be in its original container and labeled with our child's name. This cream will not be used or shared with other students than the one approved on this consent form. Parents and Guardian will be notified when the product is close to being completely used and the school needs a refill.

If a parent or guardian would like the school to use a different brand than listed on this form, they must complete a new application of topical non-medicated product consent form.

**\*You Must Supply\***

<b><u>Non-Medicated Product</u></b>	<b><u>Name/Brand</u></b>	<b><u>How Often Applied</u></b>
Diaper Rash Cream		
Cream/Lotion for Dry Skin		
Lip Balm		
Sunscreen/Bug spray		

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

\_\_\_\_\_  
**Date**

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

\_\_\_\_\_  
**Date**

## PICK UP AUTHORIZATION

Name of  
Child(ren): \_\_\_\_\_

I hereby inform Learning Wagon Preschool that the people listed below are authorized to pick up the above-named child(ren) at any time. Accordingly, Learning Wagon Preschool is hereby instructed to release my child(ren) into the care of the following people whenever they come to The Children's Center.

### AUTHORIZED PICK-UP PERSON:

<u>Name:</u>	<u>Relationship to Child:</u>	<u>Phone Number:</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

I understand that:

- Parents/guardians must inform Learning Wagon Preschool (call, leave a note at drop off) of the name of the person who is picking up their child on any day when they themselves are not.
- The "Authorized Pick-Up Person" *must be at least 18 years old* and may be asked to provide a photo ID to the staff.
- This authorization shall remain in force until edited or rescinded in writing by the signers of this authorization.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**MULTIMEDIA CONSENT FORM**

I give my consent for \_\_\_\_\_ (Learning Wagon  
Preschool) to photograph or video my child or use photograph(s) or videos that already exist of  
my child that were taken in a childcare setting. I understand that the photographs, digital  
images, or video segments may be used in print or electronic media and that the photographs  
may be displayed on the school’s website or social media pages. I give Learning Wagon  
Preschool permission to publish, exhibit, and distribute these materials. I understand that  
Learning Wagon Preschool owns the copyright to the multimedia material in which my child  
may appear. Learning Wagon Preschool will assure that it conveys positive images of children  
and reflect early childhood recommended practice.

If a parent/guardian decides to take back authorization later on, the parent/guardian may do so  
by re completing this form.

For protection of privacy of the child, we guarantee that names will not be included.

<b><u>Permission for Minor</u></b>
Name of Child: _____
Parent/Guardian Signature _____
Date: _____

<input type="checkbox"/>	<b>We the parents/guardians of _____ DO NOT GIVE permission.</b>
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\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

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

\_\_\_\_\_  
**Date**

**PUBLIC PARKS AND FIELD TRIP PERMISSION FORM**

We authorize Learning Wagon Preschool to take our child to nearby public park facilities, on walking trips in the neighborhood and special field trips. We understand all such trips are under the supervision of the staff of Learning Wagon Preschool and that all precautions are taken in compliance with standards during such trips.

Learning Wagon Preschool uses the Gaylord Memorial Park located at 301 Rock St, Rockland, WI 54653 for walking field trips and different playground equipment to play on.

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

\_\_\_\_\_  
**Date**

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

\_\_\_\_\_  
**Date**