DEPARTMENT OF CHILDREN AND FAMILIES

Division of Early Care and Education
DCF-F (CFS-0062) (R. 02/2009)

CHILD CARE ENROLLMENT

STATE OF WISCONSIN

Use of form: Use of this form is mandatory for Family Child Care Centers to comply with DCF 250.04(6)(a)1. Failure to comply may result in issuance of a noncompliance statement. This form may also be used by Group Child Care Centers and Day Camps to comply with DCF 251.04(6)(a)1. and DCF 252.41(4)(a)1. respectively. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

Instructions: The parent / guardian shall fill out the form completely, sign it and submit it to the center prior to the child's first day of attendance. Information on this form shall be kept current. When enrolling a child under two years of age, a completed *Intake for Child Under 2 Years* form must also be on file prior to the child's first day of attendance.

CHILD INFOR							
Name (Last, First, MI)		Address - Home (Street, City)		Telephone Number	Birthdate (mm/dd/yyyy) First Day of Attendance	
PARENT OR O		dians are permitted to visit during center hours and	are allowed to pi	ck up the child unless	access is prohibited or re	estricted by a court order.	
Relationship to Child	Name	Address - Home (Street, City)	Home / Ce Telephone N		ress – Place of Employm chable While Child is in (ent Telephone No.	
Mother							
Father							
Guardian							
Guardian							
AUTHORIZED	PERSONS - Persons other tha	an parents / guardians who are authorized to pick u	p the child or acc	cept the child if droppe	ed off. If no one, write "No	one."	
Relationship to Child	Name	Address - Home (Street, City)	Home / Ce Telephone N		ress – Place of Employm chable While Child is in 0	ent Telephone No.	
	CONTACT – The person to be	notified in an emergency when parents / guardians	an emergency when parents / guardians cannot be reach				
Relationship to Child	Name	Address - Home (Street, City)	Home / Ce Telephone N		ress – Place of Employm chable While Child is in 0		
	R MEDICAL FACILITY						
Name		Address (Street, City, State, Zip C	Address (Street, City, State, Zip Code)		Telephone Number		
AUTHORIZAT	ION				•		
☐ Yes ☐ N	I hereby give my consent for	emergency medical care or treatment to be used of					
☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ No ☐ Yes ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ Yes ☐ No ☐ Yes ☐ Y	I give permission for my chile I have been informed of the	review the policies of this child care center and a s d to participate in field trips and other activities durin number of pets in the center and their degree of co	ng operating hou	rs. Transport	ed 🔲 Walking		
parents shall be notified in writing prior to the pet's addition to the center. SIGNATURE – Parent or Guardian Date Signed							
SIGNATURE – Parent or Guardian Date Signed					Date Signed		