



# sproutlings

PEDIATRIC DAY CARE & PRESCHOOL  
MASONIC COMMUNITIES

# Enrollment Form

Located in Kosair Charities Center on  
Masonic Communities' Louisville Campus

3800 Tom Larimore Lane • Masonic Home, KY 40041  
P: 502.753.8222 • TF: 866.764.6631 • F: 502.753.8223  
**SproutlingsDayCare.com**

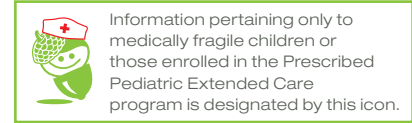
**CHILD'S NAME:** \_\_\_\_\_

Child's nickname, if he/she is called by it: \_\_\_\_\_

Date of Birth/Due Date: \_\_\_\_\_  Female  Male

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_



## FAMILY INFORMATION

Parent/Guardian: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address (if different than child's): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address (if different than child's): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Sibling Name: \_\_\_\_\_  Brother  Sister Age \_\_\_\_\_  Lives with child

Sibling Name: \_\_\_\_\_  Brother  Sister Age \_\_\_\_\_  Lives with child

Sibling Name: \_\_\_\_\_  Brother  Sister Age \_\_\_\_\_  Lives with child

Sibling Name: \_\_\_\_\_  Brother  Sister Age \_\_\_\_\_  Lives with child

Please list any other family members living in the household:

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

## PICKUP AUTHORIZATION

Please list any and all persons authorized to pickup your child. Only those listed below will be able to check your child out of Sproutlings.

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ I authorize for the persons above to be allowed to pickup my child. (Please Initial)

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**CHILD'S NAME:** \_\_\_\_\_

## MEDICAL AND EMERGENCY CARE (Please initial)

\_\_\_\_\_ In an emergency, I authorize Sproutlings staff to provide any first aid care deemed necessary for my child.

\_\_\_\_\_ In an emergency in which I cannot be reached, the physicians listed below or a local hospital are authorized to provide any emergency care deemed necessary for my child.



\_\_\_\_\_ In an emergency, I authorize the transfer of my child's health records to the appropriate medical team.

\_\_\_\_\_ I authorize the treatment of my child as defined in the developed Protocol of Care verified and signed by the prescribing physician. Sproutlings has my consent to provide medical care, therapy and nutritional services as defined in the Protocol of Care.

Parent/Guardian signature: \_\_\_\_\_

## PHYSICIAN INFORMATION

Pediatrician's Name: \_\_\_\_\_ Practice: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Practice: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Allergies (food, medication, latex): \_\_\_\_\_

Medications (list any that are taken on a regular basis): \_\_\_\_\_

Please describe any medical issues or previous illness or surgeries: \_\_\_\_\_

## AUTHORIZED ADULTS

Please indicate the names and contact information for you or other authorized adults who can be reached and make decisions for your child's care in an emergency.

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Other: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Other: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Other: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Other: \_\_\_\_\_

I \_\_\_\_\_ authorize the persons above to make decisions for my child's care in an emergency.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**CHILD'S NAME:** \_\_\_\_\_

### INSURANCE INFORMATION

Primary Insurance Company: \_\_\_\_\_

ID No.: \_\_\_\_\_ Subscriber or Provider Name: \_\_\_\_\_

Secondary Insurance Company: \_\_\_\_\_

ID No.: \_\_\_\_\_ Subscriber or Provider Name: \_\_\_\_\_

### ADDITIONAL MEDICAL INSTRUCTIONS

Instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### INFORMATION RELEASE AUTHORIZATION (Please Initial)

Sproutlings is committed to providing privacy while working in partnership with your child's therapists, physicians and other agencies. Permission to release certain information is required to assist with this partnership.

\_\_\_\_ I give permission for information regarding my child to be released to and from Sproutlings by the following agencies and personnel. This authorization to release information is in regard to educational, psychological and medical records that may be deemed confidential under existing laws to and from the listed agencies, physicians or professionals. I understand that the above-delineated information will be sent and discussed and used for medical care, therapy assessment, program planning, and/or report documentation. It is understood that Sproutlings will not share information but will maintain confidentiality with this information in accordance to federal law. No further disclosure of this information will be made without written consent of the child's parent or legal guardian. This authorization expires one year from the date of signature.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**CHILD'S NAME:** \_\_\_\_\_

### **EMERGENCY DISPOSITION PLAN (Please Initial)**

\_\_\_\_\_ I am aware that Sproutlings conducts monthly fire drills and quarterly tornado and earthquake drills to familiarize children and staff with proper procedures. I understand that in the event of severe weather, it is safer for me and my child to remain where we are at the time of the alert. Sproutlings has established safe places within the building and on the Masonic Communities Kentucky campus for all children to go in the event of such emergency.

### **LIABILITY RELEASE (Please Initial)**

\_\_\_\_\_ By enrolling in Sproutlings, I hereby release Sproutlings, its owners, successors, affiliates, administrators, agents and assigns, including but not limited to, Masonic Communities Kentucky, Inc. and its employees, agents, administrators, and assigns, from any and all liability from any and all claims, demands, damages, actions, causes of action or suits of any kind or nature whatsoever, including but not limited to, personal injuries, including death, property losses and damage, in any way arising out of or connected with my child's attendance at Sproutlings and any services, activities, care or treatment provided.

### **PHOTOGRAPHY RELEASE (Please Initial)**

\_\_\_\_\_ Yes, I hereby grant to the Masonic Communities Kentucky, Inc. the absolute and irrevocable right and unrestricted permission in respect of photographic images and audio/video recordings of my child, or in which he/she may be included with others, to copyright the same; to use, reuse, publish and republish the same in whole or in part, individually or in any and all media now or hereafter known, and for any purpose whatsoever without restriction as to alteration; and to use his/her name in connection with the use of the photographic images, including without limitation any and all claims for libel or invasion of privacy. This authorization and release shall also inure to the benefit of the heirs, legal representatives, licensees, and assigns of the Masonic Communities Kentucky, Inc. and its agents. I am of full age and have the right to contract in my own name. I have read the foregoing and fully understand the contents thereof. This release shall be binding upon me and my heirs, legal representatives and assigns.

\_\_\_\_\_ No, I do not grant Masonic Communities Kentucky, Inc. the right to make photographic images or audio/video recordings of my child.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **COMMUNICATION**

Sproutlings may send email notices or send emergency notifications through text messaging. Please list contact information for these services. Your mobile phone's service provider is required for text messaging service.

E-mail: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Service Provider: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Service Provider: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Service Provider: \_\_\_\_\_



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CHILD'S NAME: \_\_\_\_\_

## PERSONAL/SOCIAL INFORMATION

### FEEDING

What is your child's feeding routine? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any special dietary needs (vegan, food allergies, etc.)?  Yes  No If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### DIAPERING/TOILET-TRAINING

Describe your child's diapering routine: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your child prone to diaper rash?  Yes  No  
What signals/words does your child use for toileting? \_\_\_\_\_  
Does your child have bowel or bladder irregularities?  Yes  No If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### SLEEP

Describe your child's napping routine: \_\_\_\_\_  
\_\_\_\_\_  
Does your child have difficulty napping?  Yes  No  
Where does your child normally sleep? \_\_\_\_\_  
Do you have any special instructions for rest time? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### SOCIAL/EMOTIONAL DEVELOPMENT

What is your child's previous child care experience? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Describe your child's temperament: (i.e. colic, likes to cuddle) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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**CHILD'S NAME:** \_\_\_\_\_

## **SOCIAL/EMOTIONAL DEVELOPMENT (continued)**

What signs does your child give of being hungry, tired or over-stimulated? (i.e. pulls at ears, rubs eyes) \_\_\_\_\_

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Does your child separate easily from you?  Yes  No

Is your child afraid of anything?  Yes  No If yes, please describe: \_\_\_\_\_

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What activities does your child enjoy? \_\_\_\_\_

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Primary language spoken in your home: \_\_\_\_\_ Other language(s): \_\_\_\_\_

Does your child have pets?  Yes  No

If yes, please describe: \_\_\_\_\_

Please provide any other information regarding your child that would be helpful in understanding and caring for your child.

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**The information on these forms must be re-verified annually and signed by a parent/guardian.**

I have verified that all information on the enrolment forms is accurate and up to date.

Initial: \_\_\_\_\_ Date verified: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Initial: \_\_\_\_\_ Date verified: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Initial: \_\_\_\_\_ Date verified: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Initial: \_\_\_\_\_ Date verified: \_\_\_\_\_ Relationship to child: \_\_\_\_\_