



sproutlings

PEDIATRIC DAY CARE & PRESCHOOL

Enrollment Form

Located in Kosair Charities Center on
Masonic Homes Kentucky's Louisville Campus
3800 Tom Larimore Lane • Masonic Home, KY 40041
P: 502.753.8222 • TF: 866.764.6631 • F: 502.753.8223
SproutlingsDayCare.com

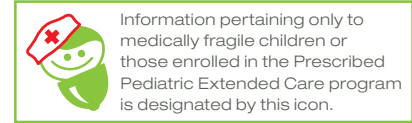
CHILD'S NAME: _____

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: _____

Email: _____

Parent/Guardian: _____ Relationship to child: _____

Address (if different than child's): _____

City: _____ State: _____ Zip: _____

Occupation: _____ Place of Employment: _____

Business Phone: _____ Mobile Phone: _____ Home Phone: _____

Email: _____

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 Homes 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 Homes 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 Homes 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 Homes 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 Homes 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: _____
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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) _____

Does your child separate easily from you? Yes No

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

What activities does your child enjoy? _____

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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These forms will be given back to parent/guardian at the beginning of every school year for the information to be reviewed, reverified and signed by that parent/guardian.

< Please do not sign every line at once >

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: _____

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