Maui PlayCare Enrollment Form

Childs Name

Please answer YES or NO to these items; if you answer yes to any, explain below using the child's #.

	Last	First	Nick Name	Birth Date	Hygiene Circle one	1) Allergies	2) Medications	3) Asthma	4) Activity Restrictions	5) Comforting guidelines
1					Diaper - Training - Trained					
2					Diaper - Training - Trained					
3					Diaper - Training - Trained					
4					Diaper - Training - Trained					

If yes to any of 1-4 above, please describe and list the child # as well:

It is our goal to take the best possible care of your child. Using the back of the form, please let us know of any unique qualities your child may have, also in the event your child needs comforted,

let us know of any techniques you use that work well, don't forget to put which child you are referring to.

Emergency Medical Information:

Family Physician Name and Phone:

Medical Insurance Company and Plan # if any:

In the event your child needs to be transferred to a medical center, please let us know which one you prefer:

	Mother	Father	Alternate Pick Up #1	Alternate Pick Up #2
First and Last Name				
Home Phone				
Cell Phone				
Address			XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
			XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
Email Address			XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	

Please let us know how you heard about Maui PlayCare: remember if it was a friend,

give us the referral card so we may give them their free playtime!!

Internet	
Radio	
Walk by	
Promotional coupon	
Referral card	
Other	

Each time you check your child in you will be asked who will be picking up your child. In the event it will not be you, you will be asked to print the name of the person to pick up and then sign. Upon pickup we will check that person's photo ID before releasing your child. In the event your child cannot be picked up by you or the person you have signed to pick them up, you may utilize the family code. At this time please give us a word that your family will use for this code. If someone other than you comes to pick up your child, we will call you and verify this person is allowed to pick up your child, we will also ask them the family code word and check their ID.

Family Code Word

I acknowledge I have received and agree to Maui PlayCare's Operating policies, regarding hours, staff, pick up procedures, snacks, meals, supplies, health Issues, discipline, safety and medical, emergency disaster plan, and confidentiality.

Signed: Dated:

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