



**Muddy Hands Enrichment Center, LLC**

1672 West Lakeshore Drive

Colchester, VT 05446

Phone: (802) 652-4848

## What we need when your family joins our center

### Parent /Guardian Information

Parent or Guardian Name \_\_\_\_\_

\_\_\_\_\_ **Completed Enrollment Forms**

\_\_\_\_\_ **\$50 Deposit.**

\_\_\_\_\_ **Subsidy Certificate (if qualified)**

\_\_\_\_\_ **Up to date Immunization Record**

\_\_\_\_\_ **Diapers and Wipes (if applicable)**

\_\_\_\_\_ **As least one change of clothes**

\_\_\_\_\_ **Appropriate clothing for going outside (e.g., sneakers, boots, jacket, hat, etc.)**

\_\_\_\_\_ **Rest Time Items: Blanket, Sheet, Stuffed Animal (if applicable), etc.**

\_\_\_\_\_ **Bottles (if applicable)**

### Muddy Hands Enrichment Center Staff Information

*Completed by* \_\_\_\_\_



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## Child Information Form

### Child's Information

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

Child's Nickname: \_\_\_\_\_

Known Food Allergies: \_\_\_\_\_

**IMPORTANT: Please ensure your child's teacher knows of any life threatening allergies.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Prior Childcare Experience \_\_\_\_\_

Daily Routine \_\_\_\_\_

Sleeping Habits \_\_\_\_\_

Child's Fears \_\_\_\_\_

Anything else you would like us to know about your child? \_\_\_\_\_

Parent or Legal Guardian's Signature: \_\_\_\_\_

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





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### Emergency Release Form

#### Emergency Information

Either parent, or a guardian, having legal custody of a minor may give written authorization for an adult into whose care the minor has been entrusted to consent to x-ray examinations, anesthesia, medical or surgical diagnosis, and/or treatment and hospital care to be rendered to said minor under the general or special supervision and advice of a physician and surgeon licensed under the provisions of the medicine Practice Act, or to X-ray examinations, anesthesia, dental and/or surgical diagnosis or treatment and hospital care to be rendered to said minor by a dentist licensed under the provisions of the Dental Practice Act.

Child's Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Child's Doctor \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone ( ) \_\_\_\_\_

#### Child's Insurance Information

Health Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Dental Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

#### Parent or Guardian Information

Parent/Guardian Name \_\_\_\_\_  
*Last* *First* *M.I.*

Work Phone ( ) \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_  
*Last* *First* *M.I.*

Work Phone ( ) \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

#### Authorization

I \_\_\_\_\_ and/or \_\_\_\_\_ understand the above and hereby authorize any member of the staff at Muddy Hands Enrichment Center to give permission for any medical, hospital, or dental treatment for my child \_\_\_\_\_ in the event of injury or illness, while the child is in the care of the above named provider or center. I understand and agree that I would be financially responsible for any medical, hospital, or dental treatments unless my child's injury is due to improper supervision or faulty equipment. I have full understanding that every attempt will be made to contact the parent or guardian in the event medical, hospital, or dental treatment is necessary. I understand that certain medical emergencies may not allow much time for contact of a parent/guardian and that if a life threatening situation arises, immediate medical attention will be sought by the provider/center.

Parent or Legal Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



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**Permission to Administer Form**

**Permission to Administer**

I authorize the staff at Muddy Hands Enrichment Center to administer the following items, as indicated, to my child.

Product	May Apply	Do Not Apply	Please Use
1. Adhesive Tape			
2. Antiseptic Ointments			
3. Antiseptic Wipes			
4. Aspirin Free Pain Reliever			
5. Baby Lotion			
6. Baby Oil			
7. Baby Powder			
8. Band Aids			
9. Bar Soap			
10. Burn Ointments			
11. Calamine Lotion			
12. Chap Stick			
13. Cough Syrup			
14. Diaper Wipes			
15. Diaper Ointment			
16. ***Epinephrine			
***NOTE: The provider must be medically trained to administer Epinephrine injections.***			
17. Hydrogen Peroxide			
18. Insect Repellents			
19. Anti Itch Cream			
20. Lip Balm			
21. Liquid Soap			
22. Numz - It			
23. Rubbing Oil			
24. Shampoo			
25. Sunscreen			
26. Teething Gels			
27. Vaseline			

**Authorization**

I authorize the staff at Muddy Hands Enrichment Center to administer the following items, as indicated, to my child.

Parent or Legal Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_





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## Enrollment Form

### Child's Information

Child's Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Child's Date of Birth      /      /       
*Month / Day / Year*

Home Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ *City* *State* *ZIP Code*

Home Phone: (    ) \_\_\_\_\_ Cell Phone: (    ) \_\_\_\_\_

### Parent or Guardian's Information

Parent or Guardian's Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Home Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ *City* *State* *ZIP Code*

Place of Employment \_\_\_\_\_

Home Phone: (    ) \_\_\_\_\_ Cell Phone: (    ) \_\_\_\_\_

Work Phone: (    ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

### Parent or Guardian's Information

Parent or Guardian's Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Home Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ *City* *State* *ZIP Code*

Place of Employment \_\_\_\_\_

Home Phone: (    ) \_\_\_\_\_ Cell Phone: (    ) \_\_\_\_\_

Work Phone: (    ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

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**Emergency Contact Information**

If one of the above parents or guardians cannot be reached in an emergency or illness, please contact one of the following individuals. **The State of Vermont requires that we have on file, the current names and daytime phone numbers of at least two individuals that can pick up your child if we cannot reach you.**

**The following people have permission to pick up my/our child without written notification.**

**Emergency Contact Person**

Emergency Contact's Name: \_\_\_\_\_  
*Last First M.I.*

Home Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

Daytime Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

**Emergency Contact Person**

Emergency Contact's Name: \_\_\_\_\_  
*Last First M.I.*

Home Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

Daytime Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

**Authorization**

Parent or Legal Guardian's Signature: \_\_\_\_\_

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