

Giggly Hugs Child Care Enrollment

Child's Name (First, Last)	Address (street, city, zip)	Contact Phone #	DOB (mm/dd/yyyy)	1st day of Attendance
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***Parent or Guardian Information-** All parents/guardians listed are permitted to visit during center hours and are allowed to pick up the child unless access is prohibited or restricted by attached court order.

Relationship to Child	Name	Address (street, city, zip)	Contact Phone #	Employment/Location while child is in care	Employment contact #	Email Address

***Child's Physician/Medical Facility**

Name:	Address:	Phone #:
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***Emergency Contact-** ONE contact person MUST be listed and may not be the above parent or guardian. Person to be notified when the parent/guardian cannot be reached. This person is authorized to pick up.

Relationship to child	Name	Contact Phone #

***Authorized Pick up Persons-** Persons listed here other than Parents/Guardians who are authorized for pick up child. If no one, please write "None"

Relationship to child	Name	Contact Phone #	Relationship to child	Name	Contact Phone #

*** Required Authorization:** Signature required in order to receive care

_____ I hereby give consent for my child to be transported via vehicle in the event of an emergency (including, fire, flood, loss of heat, etc.)

_____ I have reviewed and understand the policies of this child care center which are located online at www.gigglyhugs.com and at the front desk

_____ I understand that a copy of WI child care licensing rules is located at the front desk and online at <https://dcf.wisconsin.gov/cclicensing/rules>

Initial (optional): _____ I give permission for Giggly Hugs Child Care Inc to photograph/video my child for use in marketing (including print, email, the Giggly Hugs Facebook page and website)

Initial (optional): _____ I give Giggly Hugs Child Care Inc permission to photograph/video my child for use in the center and on Brightwheel.