Rhode Island Department of Human Services

Licensed Child Care: Enrollment/Emergency Contact Form

Updated 2/2023

Child Information					
Child's Full Name:		**Enrollment Date:**			
Date of Birth (MM/DD/YYYY):		**Sex:**	☐ Male ☐Female		
Primary Language:		**Secondary Language:**			
Primary Address					
Number and Street:					
City/Town:		**State:**		**Zip:**	
School Information	☐ **N/A (Child does not attend an additional program)**				
School/Program Name:	Montessori Centre of Barrington	**Phone:**	(401) 245 - 4754		
Number and Street:	303 Sowams Road				
City/Town:	Barrington	**State:**	RI	**Zip:**	02806
Parent/Guardian 1 Information					
Parent/Guardian Full Name:					
Parent/Guardian Role:	☐ **Mother/Father** ☐ **Step-Mother/Step-Father** ☐ **Foster Parent** ☐ **Other:** _____				
Contact Information					
Primary Phone:	( ) -	☐ **Mobile** ☐ **Work** ☐ **Home**			
Secondary Phone:	( ) -	☐ **Mobile** ☐ **Work** ☐ **Home**			
Email:					
Home Address	☐ **Same as Child**				
Number and Street:					
City/Town:		**State:**		**Zip:**	
Employer Information					
Employer Name:					
Address:					
City/Town:		**State:**		**Zip:**	

Typical Schedule

Day:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours:							

Child Enrollment Form

Child's Name: _____

Parent/Guardian 2 Information							
Parent/Guardian Full Name:							
Parent/Guardian Role:	☐ Mother/Father ☐ Step Mother/Step Father ☐ Foster Parent ☐ Other: _____						
Contact Information							
Primary Phone:	( ) -			☐ Mobile ☐ Work ☐ Home			
Secondary Phone:	( ) -			☐ Mobile ☐ Work ☐ Home			
Email:							
Home Address						☐ Same as Child	
Number and Street:							
City/Town:		**State:**		**Zip:**			
Employer Information							
Employer Name:							
Address:							
City/Town:		**State:**		**Zip:**			

Typical Schedule

Day:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours:							

Additional Members of Child's Household			
Full Name:		**Relationship:**	
Full Name:		**Relationship:**	
Full Name:		**Relationship:**	

Child Care Schedule

Day:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Arrive:	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM
Depart:	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM

You must keep to this child care schedule. If at any time, your hours change and you need different hours of care, it is your responsibility to resubmit this information form with the correct hours

Child Enrollment Form

Child's Name: _____

Emergency Contact Information 1 (other than parent/guardian listed above)				
Full Name				
Relationship		☐ Authorized Pick Up ☐ Emergency Contact only		
Primary Phone		☐ Mobile	☐ Work	☐ Home
Secondary Phone		☐ Mobile	☐ Work	☐ Home

Emergency Contact Information 2 (other than parent/guardian listed above)				
Full Name				
Relationship		☐ Authorized Pick Up ☐ Emergency Contact only		
Primary Phone		☐ Mobile	☐ Work	☐ Home
Secondary Phone		☐ Mobile	☐ Work	☐ Home

Emergency Contact Information 3 (other than parent/guardian listed above)				
Full Name				
Relationship		☐ Authorized Pick Up ☐ Emergency Contact only		
Primary Phone		☐ Mobile	☐ Work	☐ Home
Secondary Phone		☐ Mobile	☐ Work	☐ Home

Parental Access Restrictions

If there are temporary or permanent restrictions on a person's access to your child, please read and complete this section thoroughly and provide all requested documentation. If the restricted person(s) are a child's biological parent(s) programs MUST have received a copy of any/all court documentations regarding restraining orders, physical/legal custody, joint custody, etc. Without court documentation, programs/providers are unable to withhold a child from their biological parent.

Restricted Person's Name:		**Relation to Child:**	
Documentation Provided:	☐ Yes ☐ No ☐ N/A		

The above stated person has permission to see the child on the following days:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Acknowledgment

By signing this form, I acknowledge that the information contained in this document is true and accurate. I understand that it is my responsibility to update the program/provider in the event of any changes or updates

Parent/Guardian Name (Print)	**Relation to Child**
Parent/Guardian Signature	**Date**