

Raising Wildflowers
8232 South Port Drive
Manhattan KS 66502
Phone: (785) 473-8346

Email: shelby@raisingwildflowersmhk.com

Website: raisingwildflowersmhk

Instagram: raisingwildflowersmhk

Desired start date for your child_____

Required paperwork that needs to be completed before your child's first day:

_____ Student Questionnaire

_____ Emergency Contact Sheet

_____ Permission Sheets

_____ Off Premise Permission Form

_____ Emergency Medical Form

_____ Medical Record

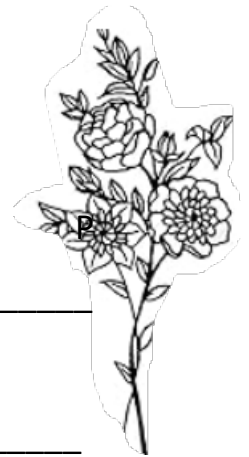
_____ Child Health Assessment

_____ Immunization Record

_____ Registration Fee

_____ First Month's Tuition





Child's Name _____ Date of Birth _____

Parent's Name(s) _____

Siblings Names(s) _____ Age _____

_____ Age _____

_____ Age _____

Has your child been in a childcare setting before?

What are you hoping your child will gain from their childcare experience?

How would you describe your child's personality? (shy, outgoing, etc.)

Describe any special concerns or fears your child may have.

Do you have any other information about your child or your family that you would like us to be aware of?

Parent Contact Information

Name _____

Phone _____ Email _____

Address _____

Place of employment _____

Name _____

Phone _____ Email _____

Address _____

Place of employment _____



Emergency Contacts (minimum of two contacts that can reach you and/or pick up your child in an emergency)

Name _____ Relationship _____

Phone Number _____ Address _____

Email _____

Name _____ Relationship _____

Phone Number _____ Address _____

Email _____

Name _____ Relationship _____

Phone Number _____ Address _____

Email _____

Additional Approved Pickups

Name _____ Relationship _____

Phone Number _____ Address _____

Email _____

Name _____ Relationship _____

Phone Number _____ Address _____

Email _____



Parent handbook acknowledgement

I acknowledge that I have received and read the Parent Handbook and addressed any questions with the director.

Signature and Date _____

Photo Release within our app

I acknowledge that my child's photo will be taken and shared on the feed of other children in their class.

Signature and Date _____

Social Media Photo Permission

You do _____ or do not _____ (mark one) have my permission to share my child's image on the center's social media.

Signature and Date _____

Authorization for Emergency Medical Care

Written permission for emergency medical treatment must be on file at the facility. Consult with the local emergency medical facility to be sure this form is acceptable. Reference K.A.R. 28-4-127(b)(1)(A). School Age Programs reference K.A.R. 28-4-582(e)(2).

Name of facility exactly as stated on the license	License #
--	------------------

I authorize _____ (caregiver/staff) who
is/are representative(s) of the above-named facility to give consent for any and all necessary emergency medical
care for my child or youth _____ (child's first and last name) while
child or youth is in the facility's custody between _____ and _____.
MM/DD/YYYY MM/DD/YYYY

List any known allergies or other information about the medical conditions of this child or youth pertinent in case of
emergency:

Signature of Parent or Guardian	Date Signed
--	--------------------

The Medical Record/Assessment Form (Or Health Status History form for School Age Programs) and the authorization for
Emergency Medical Care must be taken to the emergency room. Both forms must also be in a vehicle when the child or youth
is off premised from the facility.

Permission Form for Children to go Off-Premises

Name of the Facility (exactly as stated on the license)			License #	
Street Address of the Facility	City	Zip Code	County	

_____ may go to the following locations off the premises with adult supervision:

First and Last Name of Child or Youth

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

For School Age Children or Youth Only

I hereby authorize my school age child

First and Last Name of Child or Youth

Birth Date MM/DD/YYYY

To walk/bike to and from the following location(s) without adult supervision:

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	