DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

http://dcf.wisconsin.gov

CHILD CARE ENROLLMENT

Use of form: Use of this form is mandatory for Family Child Care Centers to comply with DCF 250.04(6)(a)1. Failure to comply may result in issuance of a noncompliance statement. This form may also be used by Group Child Care Centers and Day Camps to comply with DCF 251.04(6)(a)1. and DCF 252.41(4)(a)1. respectively. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

Instructions: The parent / guardian shall fill out the form completely, sign it and submit it to the center prior to the child's first day of attendance. Information on this form shall be kept current. When enrolling a child under two years of age, a completed *Intake for Child Under 2 Years* form must also be on file prior to the child's first day of attendance.

CHILD INFORMATION

Name (Last, First, MI)	Birthdate (mm/dd/yyyy)	First Day of Attendance
Bernhardt, Jackson, Paul	05/27/2020	12/22/2025

PARENT OR GUARDIAN – All parents / guardians are permitted to visit during center hours and are allowed to pick up the child unless access is prohibited or restricted by a court order. Attach court order, if any. If the child resides at multiple locations, the department recommends the provider obtain and attach a schedule.

a. Name and Relationship to Child	Home / Cell Phone No.	Email Address Where Reachable While Child is in Care
Makayla Jacob - Mother	(262)595-1384	makaylarae15@gmail.com
Home Address (Street, City, State, Zip)	**Does child reside at this location?**	**Place of Employment and Work Phone No.**
3019 85th St. Apt. 18, Kenosha, WI, 53142	☑ Yes ☐ No	Lake Haven (262)694-6101
b. Name and Relationship to Child	**Home / Cell Phone No.**	**Email Address Where Reachable While Child is in Care**
Home Address (Street, City, State, Zip)	**Does child reside at this location?**	**Place of Employment and Work Phone No.**
	☐ Yes ☐ No	

AUTHORIZED PERSONS – Persons other than parents / guardians who are authorized to pick up the child or accept the child if dropped off. If no one, write "None."

a. Name and Relationship to Child	Home / Cell Phone No.	Email Address Where Reachable While Child is in Care	Place of Employment and Work Phone No.
Johnathan Jacob - Grandpa	(262)914-2838	brotherj37@gmail.com	Self - employed
b. Name and Relationship to Child	**Home / Cell Phone No.**	**Email Address Where Reachable While Child is in Care**	**Place of Employment and Work Phone No.**

EMERGENCY CONTACT – The person to be notified in an emergency when parents / guardians cannot be reached.
☑ Yes ☐ No This person is authorized to pick up the child.

Name and Relationship to Child	Home / Cell Phone No.	Email Address Where Reachable While Child is in Care	Place of Employment and Work Phone No.

PHYSICIAN OR MEDICAL FACILITY

Name	Address (Street, City, State, Zip Code)	Telephone Number
Dr. Christine Jolly	8600 75th St., Kenosha, WI, 53142	(262)652-9430

AUTHORIZATIONS

☑ Yes ☐ No I hereby give my consent for emergency medical care or treatment to be used only if I cannot be reached immediately.
☑ Yes ☐ No I have had an opportunity to review the policies of this child care center and a summary of the Wisconsin Rules for Licensing Child Care Centers.
☑ Yes ☐ No I give permission for my child to participate in ☐ Transported ☒ Walking field trips and other activities during operating hours.
☑ Yes ☐ No I have been informed of the number of pets in the center and their degree of contact with the enrolled children. Note: If pets are added after a child is enrolled, parents shall be notified in writing prior to the pet's addition to the center.

MB 1/14/26

SIGNATURE – Parent or Guardian	Date Signed
Makayla Jacob	12/9/2025

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