

## Children's Enrollment Form

---

Entrance Date      Withdrawal Date

---

Child's Name                                  Sex      Age                  Birthdate

---

Home Address      Home Telephone Number

---

Father's Name/Home Address/Telephone Number, If different from child's

---

Place of Employment/Address of Employment/Business Number

---

Mother's Name/Home Address/Telephone Number, If different from child's

---

Place of Employment/Address of Employment/Business Number

---

Child's Living Arrangements: [ ] Both Parents [ ] Mother [ ] Father [ ] Other

---

Child's Legal Guardian(s) [ ] Both Parents [ ] Mother [ ] Father [ ] Other

---

The child may be released to the person(s) signing this agreement or to the following:

Name                                  Address (include complete street address, city, state and zip code)

---

---

---

---

---

Persons to contact in case of an emergency when parents cannot be reached:

Name    Telephone Number

---

---

---

Name of public or private school child attends, if any:

\_\_\_\_\_

Child's Physician or Clinic's Name (Child's Primary Health Source)

\_\_\_\_\_

Physician/Clinic's Telephone Number: \_\_\_\_\_

My child has the following special need(s): **NO**    **YES (see below)**    **circle one**

\_\_\_\_\_

\_\_\_\_\_

The following special accommodation(s) may be required to most effectively meet my child's needs while at this center. **NONE**    **YES (see below)**    **circle one**

\_\_\_\_\_

\_\_\_\_\_

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns:

**NONE**    **YES (see below)**    ( **circle one** )

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMERGENCY MEDICAL AUTHORIZATION**

Should \_\_\_\_\_ suffer an injury or illness while in the

Child's Name

Date of Birth

care of \_\_\_\_\_ and the facility is unable to contact me/us immediately,

Name of Facility

it shall be authorized to secure such medical attention and care for the child as may be necessary. I/We agree to keep the facility informed of changes in telephone numbers, etc. where I can be reached.

The facility agrees to keep me informed of any incidents requiring professional medical attention involving my child.

Signature of Parent/Guardian

Date

Telephone

\_\_\_\_\_