

**Children's Enrollment Form**

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Entrance Date      Withdrawal Date

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Child's Name                                  Sex      Age                                  Birthdate

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Home Address      Home Telephone Number

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

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Place of Employment/Address of Employment/Business Number

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

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Place of Employment/Address of Employment/Business Number

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Child's Living Arrangements:  Both Parents  Mother  Father  Other

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

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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)

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

Name                                  Telephone Number

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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

\_\_\_\_\_