

Child's Enrollment Application 2016-2017

To be completed and placed on file prior to enrollment

Name of Child _____
First Last Middle (Nickname)

Birthdate _____ Gender: Male ___ Female ___ School T-shirt Size _____

Address _____ Zip Code _____

Family Information:

Father/Guardian's Name _____ Home Phone _____

Address _____ Zip Code _____

Employment _____ Business Phone _____

Email address _____ Cell Phone _____

Mother/Guardian's Name _____ Home Phone _____

Address _____ Zip Code _____

Employment _____ Business Phone _____

Email address _____ Cell Phone _____

Other Siblings

Name _____ Age _____, Name _____ Age _____

Name _____ Age _____, Name _____ Age _____

FamilyPets _____

Insurance Carrier _____ Policy # _____

Child Information:

Does your child have any known allergies: No ___ Yes ___ Explain _____

Does your child have any chronic illnesses/conditions: No ___ Yes ___ Explain _____

Please give any information concerning your child which will be helpful in his/her experiences in group a setting (such as play, eating habits, special fears, special likes or dislikes, etc.) _____

Emergency Care Information

Name of child's doctor _____ Office Phone _____

Address _____

Name of child's dentist _____ Office Phone _____

Address _____

Hospital preference _____ Phone _____

If neither father nor mother (guardian) cannot be contacted:

Primary Emergency Contact: _____ Relationship to child _____

Home Phone _____ Work Phone _____

Secondary Emergency Contact: _____ Relationship to child _____

Home Phone _____ Work Phone _____

Other adults authorized to pick up my child: _____

I agree that the director may authorize the physician of his/her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately.

Signature of Parent _____ **Date** _____

I, as the director, do agree to provide transportation to an appropriate medical resource in the event of emergency. In the event of emergency situation, other children will be supervised by a responsible adult. I will not administer any medication without specific instructions from physician, parent or guardian.

Signature of Director _____ **Date** _____