

## Child Enrollment Information

<b>Child Information</b>			
<b>Child's Name:</b>		<b>Date of Birth:</b>	
<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>ZIP:</b>
<b>Allergies, special instructions, comforting items:</b>			

<b>Parent/Guardian Information (1)</b>			
<b>Name:</b>		<b>Relationship to child:</b>	
<b>Address:</b> (if different than child)	<b>City:</b>	<b>State:</b>	<b>ZIP:</b>
<b>Home #:</b>	<b>Cell #:</b>	<b>Work #:</b>	
<b>Email (personal):</b>		<b>Email (work):</b>	
<b>Place of work:</b>		<b>Address:</b>	
<b>Parent/Guardian Information (2)</b>			
<b>Name:</b>		<b>Relationship to child:</b>	
<b>Address:</b> (if different than child)	<b>City:</b>	<b>State:</b>	<b>ZIP:</b>
<b>Home #:</b>	<b>Cell #:</b>	<b>Work #:</b>	
<b>Email (personal):</b>		<b>Email (work):</b>	
<b>Place of work:</b>		<b>Address:</b>	

<b>Emergency Contact (1)</b>			
<b>Name:</b>		<b>Relationship to child:</b>	
<b>Address:</b>	<b>City:</b>	<b>State:</b>	
<b>Home #:</b>	<b>Cell #:</b>	<b>Work #:</b>	
<b>Email (personal):</b>		<b>Email (work):</b>	
<b>Emergency Contact (2)</b>			
<b>Name:</b>		<b>Relationship to child:</b>	
<b>Address:</b>	<b>City:</b>	<b>State:</b>	
<b>Home #:</b>	<b>Cell #:</b>	<b>Work #:</b>	
<b>Email (personal):</b>		<b>Email (work):</b>	
<b>Emergency Contact (3) – Out-of-Area/Out-of-State</b>			
<b>Name:</b>		<b>Relationship to child:</b>	
<b>Address:</b>	<b>City:</b>	<b>State:</b>	
<b>Home #:</b>	<b>Cell #:</b>	<b>Work #:</b>	
<b>Email (personal):</b>		<b>Email (work):</b>	

<b>Medical Information</b>		
<b>Child's Doctor's Name:</b>		<b>Phone #:</b>
<b>Address:</b>	<b>City:</b>	<b>State:</b>
<b>Preferred Hospital to Contact:</b>		<b>Phone #:</b>
<b>Address:</b>	<b>City:</b>	<b>State:</b>

<b>Child's Dentist's Name:</b>		<b>Phone #:</b>
<b>Address:</b>	<b>City:</b>	<b>State:</b>

Does your child have any special needs that I need to be aware of? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>Persons allowed to pick up my child if I am unable to: (Also list emergency contacts below if you want to allow them to pick up your child)</b>		
<b>Name:</b>	<b>Phone #:</b>	<b>Relationship to child:</b>
<b>Name:</b>	<b>Phone #:</b>	<b>Relationship to child:</b>
<b>Name:</b>	<b>Phone #:</b>	<b>Relationship to child:</b>
<b>Name:</b>	<b>Phone #:</b>	<b>Relationship to child:</b>
<b>Name:</b>	<b>Phone #:</b>	<b>Relationship to child:</b>
<b>Name:</b>	<b>Phone #:</b>	<b>Relationship to child:</b>

<b>Any one NOT allowed to pick up my child (with copy of court order, if applicable):</b>

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_