

Child's Name _____ D.O.B _____ Sex _____

Address _____

Date of Enrollment _____ Date of Discharge _____

Days and hours of care (circle each) M T W TH F Hours _____

PARENTS/GUARDIANS ENROLLING THE CHILD

Name _____ Name _____

Relationship _____ Relationship _____

Address _____ Address _____

Hm. Number _____ Hm. Number _____

Alt. Number _____ Alt. Number _____

Employer _____ Employer _____

Address _____ Address _____

Work hours _____ Work hours _____

Work Number _____ Work Number _____

CHILD'S PHYSICIAN

Name _____ Address _____

Ph. Number _____ Hospital _____

ALTERNATE EMERGENCY CONTACT

Name _____ Address _____

Ph. Number _____ Relationship _____

*parent/guardian signature

*parent/guardian signature
