



Lic. # C01OK0134

Enrollment Application

Please Circle All Services Needed: Learning Center (Childcare) VPK K 1st 2nd 3rd 4th 5th Wrap Around Summer Day Camp

First Name:	Middle Name:	Last Name:
Nickname:	Race: Black Caucasian Mixed Hispanic Other	
Birth Date:	Start Date:	

NAMES OF SIBLINGS & BIRTH DATES:

PARENTS OR GUARDIANS

(1) First Name:	Last Name:
Relationship to Child:	
Address:	
City:	Postal Code:
Home Phone:	Work Phone:
Employer:	

(2) First Name:	Last Name:
Relationship to Child:	
Address:	
City:	Postal Code:
Home Phone:	Work Phone:
Employer:	

OTHER EMERGENCY CONTACT

Name:	Relationship to Child:
Home Phone:	Work Phone:

AUTHORIZATION FOR PICKUP

Your child will only be released to someone listed on your written emergency contact card. No notes or phone calls to release your child will be accepted. Please list any & everyone allowed to pick up your child.

Name	Address	Phone
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MEDICAL INFORMATION

Doctor:	Office Phone:
Address:	
City:	Zip Code:
Medical Ins. #	Child's Personal ID#:
Allergies:	
Medical Problems:	
Medication:	

ADDITIONAL INFORMATION: Please indicate likes/dislikes, potty training, special interests, etc.

IMMUNIZATION:

The Health Unit now requires that we have a photocopy of your child's recent immunization & physical record in our files. Please include a photocopy with this registration form. If you do not have the records, a copy can be obtained from your local health unit.

EMERGENCY CONSENT:

It is the policy of Alpha & Omega Christian Learning Center to notify a parent when a child is ill or needs medical attention. Occasionally, we cannot contact a parent and we need to get immediate help for the child. Our procedure is to contact local EMS and if necessary accompany the child during transportation.

Please sign below so that we can take appropriate action on behalf of your child.

I HEREBY GIVE MY CONSENT FOR MY CHILD _____
WHEN ILL/INJURED, TO BE TAKEN TO THE NEAREST EMERGENCY CENTER BY
AMBULANCE WHEN I/WE CANNOT BE CONTACTED. I CONSENT TO AN AMBULANCE BEING
CALLED TO TRANSPORT THE CHILD, IF NECESSARY. I FURTHER AGREE TO PAY ALL COSTS
INCURRED FOR TRANSPORT.

Parent/Guardian Signature:

Date: Date: