

### **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>	

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

Child's Dentist's Name:		Phone #:
Address:	City:	State:

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

\_\_\_\_\_

\_\_\_\_\_

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)		
Name:	Phone #:	Relationship to child:
Name:	Phone #:	Relationship to child:
Name:	Phone #:	Relationship to child:
Name:	Phone #:	Relationship to child:
Name:	Phone #:	Relationship to child:
Name:	Phone #:	Relationship to child:

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

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

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