

Child Care Enrollment Form

Date of enrollment ____ / ____ / ____

Child's Legal Name		Nickname	
Child's birthdate			
Home address:		City	State Zip

Name of Mother / Guardian		Home phone	() -
Email address		Cell phone	() -
Address if different than Child			
Place of Employment		Work phone	() -
Work Address			

Name of Father / Guardian		Home phone	() -
Email address		Cell phone	() -
Address if different than Child			
Place of Employment		Work phone	
Work Address			

Names of person(s) who can assume responsibility for your child in case of an emergency if the parent(s) or guardian(s) cannot be reached. Include address and telephone number:

Name		Home phone/	()	-
		Cell phone	()	-
Address				

Name		Home phone/	()	-
		Cell phone	()	-
Address				

Name		Home phone/	()	-
		Cell phone	()	-
Address				

Known
Allergies

Name of family doctor/physician				Telephone Number			
Address		City		State		Zip	

Name of family dentist				Telephone Number			
Address		City		State		Zip	

Name of Hospital Preference				Telephone Number			
Address		City		State		Zip	

Provide your child's health insurance information below

Provider		Group number		ID Number	
Address		Phone number		Web Site	

I, _____, authorize Homestead Academy to obtain emergency medical treatment for _____, as stated in the emergency policies of the child care center.			
Name of Father / Guardian		Sign Date	
Name of Mother / Guardian		Sign Date	

Names and address of person(s) who are authorized to take the child from the child care center.
Our I.D. verification policy is as follows:

- a valid state drivers license or ID
- knows the codeword*
- Parent has given center prior knowledge of the person authorized to pick up child

Name & Address

Name & Address

Name & Address

Name & Address

Name & Address

FAMILY CODE WORD _____ *(if applicable)