



Please complete & submit/Please fill by printing clearly

## A. PARENT INFORMATION

Mother/Guardian Name		
Home address		City, State Zip
Home Phone	Cell Phone	Work Phone
Employer/Company		
Father/Guardian Name		
Home address		City, State Zip
Home Phone	Cell Phone	Work Phone
Employer/Company		

## B. CHILD INFORMATION

Child name (First M Last)		
Gender (M/F)	DOB	SSN
Start Date	Days services are needed	
Expected Arrival Time		Expected Pick-up Time
Any known allergies		
Doctor's Name		Phone:
Dentist Name		Phone

## ONLY IF APPLICABLE, complete the information below

Referral/Foster Care Agency Name			
Agency's Contact Phone			
Referral Contact Person/Caseworker Name			
<b>DO NOT WRITE BELOW – GREY AREA IS TO BE COMPLETED BY THE CENTER ONLY</b>			
Case #	Classroom	Group: Community	ACD HRA

## C. EMERGENCY CONTACT INFORMATION

Contact Information may be changed only at the request of a Parent/Guardian. All contacts must present a valid state/picture ID and must be 18 years of age to pick up a child.	
Name (First Last)	
Phone	
Relationship to child	
Name (First Last)	
Phone	
Relationship to child	

Name (First Last)
Phone
Relationship to child

Name (First Last)
Phone
Relationship to child

## D. GENERAL INFORMATION

### 1. How did you hear about our center?

Center Referral	Direct Mail	Walk-in	Public School	Newspaper Ad	Yellow Pages	Internet
Referral Name (First Last)				Other		

### 2. Does your child have any special needs? Yes No

If yes, describe
------------------

### 3. Does he/she know any child presently enrolled? Yes No

If yes, provide the family's name
-----------------------------------

### 4. Do you have another child or family member presently enrolled? Yes No

If yes, provide First and Last name
-------------------------------------

## E. SIGNATURES

### 1. Emergency Treatment Authorization

In the event of an emergency, I authorize the staff, doctor or hospital to administer any and all necessary treatment to my child
---

Parent Signature (First and Last Name)
--

Parent Name (print)
---------------------

### 2. Consent To Photograph & Display

I hereby give permission to the staff to take any photographs relating to program activities with staff and other children. These photographs can be used for display on website, print material and screens.
---

Parent Signature (First and Last Name)
--

Parent Name (print)
---------------------

### 3. School Trip Consent

I hereby give permission to the staff to take my child outside of the center on neighborhood walking trips associated with the program
--

Parent Signature (First and Last Name)
--

Parent Name (print)
---------------------

--

*I hereby certify that all information above is to the best of my knowledge accurate and complete.*

Parent Full Name
------------------

Parent Signature	Date
------------------	------

Witness Full Name	Title
-------------------	-------

Witness Signature	Date
-------------------	------

--