



OPEN ENROLLMENT

Summer 2022

Child Name: _____ Age _____

Parent/Guardian – Contact Information:

Name: _____ Phone(s): _____

Address: _____ City: _____ State: _____

Emergency Contact:

Name: _____ Phone(s): _____

1) Does your child require a special diet? Yes No

2) Do you have a medical form stating diet requirements/restrictions? Yes No
If yes, please submit form.

3) Does your child require special medication/treatment? Yes No
If yes, please complete a medical release form.

Parent/Guardian Signature: _____ Date: _____

Office use only

Staff name receiving diet and/or medical forms: _____