



## Enrollment, Emergency Information and Authorization Form

Child's name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Allergies, seizures, dietary needs or other medical condition(s): \_\_\_\_\_

\_\_\_\_\_

Pediatrician: \_\_\_\_\_ Phone: \_\_\_\_\_

Pediatrician Address: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist Address: \_\_\_\_\_

	PARENT/GUARDIAN #1	PARENT/GUARDIAN #2
Name		
Email		
Cell Phone		
Work Phone		
Home Address		

If the parents/guardians cannot be reached, Wild Roots is authorized to contact the following persons to act on behalf of my child, including picking up the child if the child is sent home ill:

	EMERGENCY CONTACT #1	EMERGENCY CONTACT #2
Name		
Relationship to Child		
Address		
Cell Phone		
Work Phone		

Additional persons authorized to pick up my child from Wild Roots Early Learning Center:

First and Last Name	Relationship to Child	Cell Phone

All persons picking up any child from Wild Roots Early Learning Center must be at least 18 years of age and be prepared to present their government issued photo ID upon request.



Days and Hours Child Will Attend

	Monday	Tuesday	Wednesday	Thursday	Friday
Drop off time					
Pick up time					

(Maximum of 10 hours a day in care allowed.)

AGREEMENTS AND AUTHORIZATIONS

(Initial)

\_\_\_\_ *Emergency Medical Consent* – I authorize Wild Roots Early Learning Center, LLC to act in case of an emergency and to seek emergency medical care on behalf of my child. In the event of a medical emergency, Wild Roots will contact 911 to expedite medical care.

\_\_\_\_ I understand and agree that Wild Roots Early Learning Center and its employees are not responsible for injuries or illnesses suffered by my child, or damages to personal belongings, unless the injury, illness, or property damage was the direct result of willful negligence on the part of those operating the center. Illness includes COVID.

\_\_\_\_ I read and understand the parent handbook and agree to comply with the policies and procedures.

\_\_\_\_ I understand that tuition is due 52 weeks per year, regardless of attendance or closings.

\_\_\_\_ I agree to follow my child’s schedule listed above to the best of my ability and notify the center of absences and changes in a timely manner.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_