**Enrollment Form Todays Date \_\_\_\_\_\_\_\_\_\_\_ 2/9/2018 Page 1**

**Child/ren’s Information**

|  |  |
| --- | --- |
| Child’s Name | Birth Date |
| Full Address (Include apt., street, city, state, and zip code.) | Child lives with:  (Circle)  Mom Dad Both  Grandparent  Guardian Other |
| **2nd Child’s Information** |
| Information for each additional child must be filled out on a separate enrollment form. |
| Is the child/ren related to childcare provider? | (Circle) Yes No |

**Parent/ Guardian’s Information**

|  |  |
| --- | --- |
| **Primary Parent’s Name** Relationship to child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Home Phone |
| Full Address (Include apt., street, city, state, and zip code.) | Cell Phone |
| Email Address (optional) Check Work Home | Work Phone |
| Employment / School Address (Include suite, building #, street, city, state, and zip code.) | Hours of employment  From: To: |
| When calling job how should we ask for you? (floor, dept. ,ext.) |  |
| **Secondary Parent’s Name** Relationship to child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Home Phone |
| Full Address (Include apt., street, city, state, and zip code.) | Cell Phone |
| Employment / School Address (Include suite, building #, street, city, state, and zip code.) | Hours of employment  From: To: |
| When calling job how should we ask for you? (floor, dept. ,ext.) | Work Phone |

**Emergency and Release Contacts (Do not list yourself or the secondary parent as an emergency or release contact.) 16yr old or older – Show Id – Not impaired at pickup**

|  |  |
| --- | --- |
| **Name** Relationship to child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Phone |
| Full Address (Include apt., street, city, state, and zip code.) | Cell Phone |
| **Name**  Relationship to child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Phone |
| Full Address (Include apt., street, city, state, and zip code.) | Cell Phone |

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**Emergency Out of State Contacts**

|  |  |
| --- | --- |
| **Name** Relationship to child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Phone |
| Full Address (Include apt., street, city, state, and zip code.) | Cell Phone |

**I authorize these people listed to make medical decisions for my child if I cannot be reached.**

I understand that I will be notified at once in case of an accident or illness to my child, and I will make arrangements for medical care of my child with the physician or hospital of my choice

If I cannot be reached to make necessary arrangements, or in a critical emergency requiring medical care, I authorize **Rashawn Carter - Kamau** to contact the physician/clinic or hospital listed below.

**Doctor and Hospital Information**

|  |  |
| --- | --- |
| Child’s Physician/Clinic | Phone |
| Full Address (Include suite, street, city, state, and zip code.) |  |
| **Name of the preferred Hospital you would want your child to go to incase of an emergency.** | Phone |
|  |  |

If someone other then those listed will be picking child up, the daycare will need to be notified by parent/guardian **1 hour before pickup time.** A confidential password needs to be given to that person picking up the child. In order for child to be released to them, they will be asked that password. The confidential password will be \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. In the event where you may forget the password you will be given the clue to help you remember. Clue:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one of the above listed individuals to pick up my child (such as in the event of a custody issue) or if the password needs to be changed.**

I’m aware that those who I have designated as **release pick-up** may be asked to show identification. All of whom are at least 16 years of age and are not expected to be impaired.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date