

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

Parent's Name Relationship to child _____	Home Phone
Full Address (Include apt., street, city, state, and zip code.) <input checked="" type="checkbox"/> <input type="checkbox"/> If child lives with parent.	Cell Phone
Email Address <input checked="" type="checkbox"/> Work or <input type="checkbox"/> 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.)	
Second Parent's Name Relationship to child _____	Home Phone
Full Address (Include apt., street, city, state, and zip code.) <input checked="" type="checkbox"/> <input type="checkbox"/> If child lives with parent.	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 picku

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

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 in case of an emergency.	Phone

If someone other than those listed will pick the child up, the daycare will need to be notified by parent/guardian **1 hour before the pickup time**. A **confidential password** must be given to the person picking up the child. For a child to be released to them, they will be asked for that password. The confidential password will be _____. If you may forget the password, you will be given a clue to help you remember. **Clue:** _____

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

I'm aware that those whom 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