



ENROLLMENT FORM

CHILD'S NAME _____ Home Address:

_____ Town _____

DOB: _____ Grade _____ School _____ Enrollment Date _____

Information to be completed by parent/guardian.

ANY revisions or a change of information requires a revised form. Childcare staff is only responsible for providing information noted on this form to emergency personnel. **PARENTS** (This form requires both parents' information unless child is in the custody of only one parent, copy of custody papers required to be on file at childcare center.) **Put in order in which to be contacted.**

* Guardian: _____ Home Phone number: _____
Home Address: _____ Town _____ Zip _____
Work name & Address: _____
Work Phone Number: _____ Ext _____ Cell _____
Driver License Number: _____ Email address: _____

* Guardian: _____ Home Phone # _____
Home Address: _____ Town _____ Zip _____
Work name & Address: _____
Work Phone Number: _____ Ext _____ Cell _____
Driver License Number: _____ Email address: _____

* **Emergency Contact** _____ Relationship _____
Home Phone # _____ Cell _____ Work _____

ADDITIONAL PEOPLE AUTHORIZED TO TAKE CHILD FROM Program (Picture I.D. Required)

Contact _____ Relationship _____
Home Phone # _____ Cell _____ Work _____

Contact _____ Relationship _____
Home Phone # _____ Cell _____ Work _____

UNAUTHORIZED PERSONS NOT ALLOWED TO PICK UP CHILDREN

Name _____ Brief Description _____

MEDICAL INFORMATION (Parent is responsible for providing an updated form when information changes)

Note any allergies or pertinent health conditions that emergency personnel should know. (Bee Stings, allergies, asthma, medications taking, diabetes, etc.) If None, please list NONE. A care plan will be need for all allergies.

Child's Physician: _____ Phone: _____

Child's Dentist: _____ Phone: _____

Preferred Hospital: _____

INSURANCE INFORMATION

Insurance Name _____ Person Insured Under _____

Insurance Identification Number _____ Insurance Telephone number _____

PERMISSION TO SEEK CARE

