



## STUDENT ENROLLMENT FORM

1. Child's Name: \_\_\_\_\_

2. Child's preferred name or nickname: \_\_\_\_\_ 3. Child's Birthday: \_\_\_\_\_

4. Child's home address (Street, City, and ZIP): \_\_\_\_\_  
\_\_\_\_\_

5. Home ph #: \_\_\_\_\_

6. Date of Admission: \_\_\_\_\_ 7. Days of the week in care: \_\_\_\_\_

8. Hours in care: Drop off Time: \_\_\_\_\_ Pick up Time: \_\_\_\_\_

9. Parent's or guardian's name: \_\_\_\_\_ 10. Relationship to child: \_\_\_\_\_

11. Address (if different from child's): \_\_\_\_\_

12. Parents phone number's while child is in our care (list cell phone numbers also):

1<sup>st</sup> # to call: Mother: \_\_\_\_\_ Father: \_\_\_\_\_ Guardian: \_\_\_\_\_

2<sup>nd</sup> # to call: Mother: \_\_\_\_\_ Father: \_\_\_\_\_ Guardian: \_\_\_\_\_

13. Parents' work addresses and company name:

Mother: \_\_\_\_\_ email: \_\_\_\_\_

Father: \_\_\_\_\_ email: \_\_\_\_\_

14. **Persons to call in case of emergency if parents cannot be reached: (At least 2 in state contacts required)**

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_ **Work Ph#:** \_\_\_\_\_

Home Ph# \_\_\_\_\_ Relationship to child: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_ **Work Ph #:** \_\_\_\_\_

Home Ph#: \_\_\_\_\_ Realtionship to child: \_\_\_\_\_

\_\_\_\_\_  
**Signature** – Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Signature** – Parent or Legal Guardian

\_\_\_\_\_  
Date



**15.** I hereby authorize the day care facility to allow my child to leave the day care facility ONLY with the following persons (list parents names here):

Parent(s): \_\_\_\_\_

Give information on any other persons authorized to pick up the child.

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

Work Ph #: \_\_\_\_\_ Home Ph #: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

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

Work Ph #: \_\_\_\_\_ Home Ph #: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

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

Work Ph #: \_\_\_\_\_ Home Ph #: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

**CUSTODY:** Please provide the names of any person(s) prohibited from picking up child.

1. \_\_\_\_\_ 2. \_\_\_\_\_

**If non-custodial parent is NOT included among those persons authorized by the custodial parent to pick up the child, please provide a letter of explanation and attach a copy of the appropriate court order.**

**16.** List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries during the past 12 months, any medication prescribed for long-term continuous use, and any other information that will make staff aware: (Use a separate sheet of paper is necessary.)

Please list any other information that will be helpful to medical personnel in case of an emergency:

\_\_\_\_\_  
**Signature** – Parent or Legal Guardian

\_\_\_\_\_  
 Date

\_\_\_\_\_  
**Signature** – Parent or Legal Guardian

\_\_\_\_\_  
 Date



**17. AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:**

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility director or person in charge to transport my child to:

Name of Physician: \_\_\_\_\_ Address: \_\_\_\_\_ Ph. #: \_\_\_\_\_

Name of Hospital: \_\_\_\_\_ Address: \_\_\_\_\_ Ph. #: \_\_\_\_\_

I give consent for necessary emergency treatment when my child is in the care of this physician and/or hospital/clinic.

\_\_\_\_\_  
**Signature** – Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Signature** – Parent or Legal Guardian

\_\_\_\_\_  
Date

(Both parents/legal guardian(s) must sign these enrollment forms unless only one parent has custody of the child and we have copies of court documents or other documentation to that effect on file at this facility.