CHILD ENORLLMENT FORM

Admission Date:_____ Discharge Date: _____

Name of Child: _____ Birthdate: _____

Address: _____

Mailing Address: _____ ☐ N/A

Parent/Legal Guardian's Name: _____

Address, if different from above: _____

Place of Employment: _____ Work Telephone: ( )_____

Employment (physical) Address: _____

Home phone: ( )_____ ☐ N/A Cell Phone: ( )_____

Parent/Legal Guardian's Name: _____

Address, if different from above: _____

Place of Employment: _____ Work Telephone: ( )_____

Employment (physical) Address: _____

Home phone: ( )_____ ☐ N/A Cell Phone: ( )_____

Alternative Means Of Contacting the Parent/guardian: _____ ☐ N/A

Other emergency contacts (name and telephone):

Name: _____ Telephone: ( )_____

Name: _____ Telephone: ( )_____

Name(s) and relationship(s) of persons who are to be permitted to remove the child from the program:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

The program **MUST** be notified by the parent when regular transportation or pick-up methods will vary.

Family physician:

Name: _____ Telephone: ( )_____ ☐ N/A

Family dentist:

Name: _____ Telephone: ( )_____ ☐ N/A

Allergies/chronic health conditions/medications (please list as a health care plan may be required): _____

_____

Completed by: _____ Date: _____