ENROLLMENT REGISTRATION INFORMATION & AGREEMENT

Please complete this form in its entirety. This form is made to better understand your child, family, and its needs.
Please notify the Director immediately of any information changes so the safety of your child is not compromised.

CHILD INFORMATION									
Last Name		First		Nick Name					
DOB		Sex		Primary Language					
Street Address				Apartment/Unit #					
City		State		ZIP					
Resides with	Both ☐ Parent 1 ☐ Parent 2 ☐	Siblings	Yes ☐ No ☐	Pets	Yes ☐ No ☐				
Addl Information									

MEDICAL INFORMATION	
Medical Conditions	None ☐ Epilepsy ☐ Febrile Seizure ☐ Asthma ☐ Diabetes ☐ High Cholesterol ☐ High Blood Pressure ☐ Heart Murmur ☐
Multiple Sclerosis ☐ Spina Bifida ☐ Vision Impairment ☐ Hearing Impairment ☐ Eczema ☐ Other ☐ _____	
Medical Treatment	None ☐ Inhaler ☐ Nebulizer ☐ Epipen ☐ Rectal Diazepam ☐ Catheter ☐ Other ☐ _____
Allergies	None ☐ Eggs ☐ Tree nuts ☐ Lactose ☐ Shellfish ☐ Penicillin ☐ Other ☐ _____
Dietary Needs	None ☐ No Beef ☐ No Pork ☐ Gluten-Free ☐ Vegan ☐ Vegetarian ☐ Other ☐ _____

DOCTOR INFORMATION					
Last Name		First		M.I.	
Street Address			Suite/Unit #		
City		State		ZIP	
Phone		Hospital Affiliation			

PROGRAM INFORMATION			
Enrollment Date		Schedule	☐ Mon.-Fri. ☐ Tues., Thurs. ☐ Mon., Wed., Fri.
Start Date		Shift	☐ 7:30am-4:30pm ☐ 8:30am-5:30pm
Promotion		Ext. Hours	☐ 1/2hr 5:30-6:00pr ☐ 1hr 5:30-6:30p ☐ 2hrs 7:30a/6:30

PARENT/ GUARDIAN INFORMATION (1)							
Last Name		First		DOB			
Street Address	S/A ☐			Apartment/Unit #			
City		State		ZIP			
Home Phone		Cell Phone		Text	YES ☐ NO ☐		
Email Address		Alt. Email					
Employer		Occupation					
Supervisor		Work Phone					

PARENT/ GUARDIAN INFORMATION (2)							
Last Name		First		DOB			
Street Address	S/A ☐			Apartment/Unit #			
City		State		ZIP			
Home Phone		Cell Phone		Text	YES ☐ NO ☐		
Email Address		Alt. Email					
Employer		Occupation					
Supervisor		Work Phone					

Please authorize people with permission to pick-up your child as well as emergency contacts. These people may be the same but do not have to be. Also note, that any persons with permission to pick-up or emergency contacts must be at least 18 years of age. Notify all parties of their responsibility to your child.

PEOPLE WITH PERMISSION TO PICKUP CHILD [OTHER THAN PARENTS]					
Last Name		First		Relationship	
Last Name		First		Relationship	
Last Name		First		Relationship	
EMERGENCY CONTACTS [OTHER THAN PARENTS]- PLEASE LIST IN CONTACT ORDER					
Last Name		First		Relationship	
Phone		Alt.		Text	YES ☐ NO ☐
Last Name		First		Relationship	
Phone		Alt.		Text	YES ☐ NO ☐
Last Name		First		Relationship	
Phone		Alt.		Text	YES ☐ NO ☐

_____ _____ _____

Authorizing Parent Name | Authorizing Parent Signature | Date