

Child Enrollment Information

Child Information			
Child's Name:		Date of Birth:	
Address:	City:	State:	ZIP:
Allergies, special instructions, comforting items:			

Parent/Guardian Information (1)			
Name:		Relationship to child:	
Address: (if different than child)	City:	State:	ZIP:
Home #:	Cell #:	Work #:	
Email (personal):		Email (work):	
Place of work:		Address:	
Parent/Guardian Information (2)			
Name:		Relationship to child:	
Address: (if different than child)	City:	State:	ZIP:
Home #:	Cell #:	Work #:	
Email (personal):		Email (work):	
Place of work:		Address:	

Emergency Contact (1)			
Name:		Relationship to child:	
Address:	City:	State:	
Home #:	Cell #:	Work #:	
Email (personal):		Email (work):	
Emergency Contact (2)			
Name:		Relationship to child:	
Address:	City:	State:	
Home #:	Cell #:	Work #:	
Email (personal):		Email (work):	
Emergency Contact (3) – Out-of-Area/Out-of-State			
Name:		Relationship to child:	
Address:	City:	State:	
Home #:	Cell #:	Work #:	
Email (personal):		Email (work):	

Medical Information		
Child's Doctor's Name:		Phone #:
Address:	City:	State:
Preferred Hospital to Contact:		Phone #:
Address:	City:	State:

Child's Dentist's Name:		Phone #:
Address:	City:	State:

Does your child have any special needs that I need to be aware of? _____

Persons allowed to pick up my child if I am unable to: (Also list emergency contacts below if you want to allow them to pick up your child)		
Name:	Phone #:	Relationship to child:
Name:	Phone #:	Relationship to child:
Name:	Phone #:	Relationship to child:
Name:	Phone #:	Relationship to child:
Name:	Phone #:	Relationship to child:
Name:	Phone #:	Relationship to child:

Any one NOT allowed to pick up my child (with copy of court order, if applicable):

Parent's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____