

## 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: \_\_\_\_\_