

Child's Enrollment Form

Child Information

Child's Name: _____ Date of Birth: _____

Child's Home Address: _____

Home phone number: _____ Cell phone number: _____

Parent/Guardian Information

Parent/Guardian Name: _____

Relationship to Child: _____

Home address: _____

Reachable phone numbers: _____

Email address: _____

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to _____, and to secure necessary medical treatment for my child.

Child's Physician's Name: _____

Address: _____

Phone number: _____

Child's Allergies: _____

Chronic Health Conditions or Allergies: _____

Emergency Contacts (In addition to the guardians)

Name: _____

Address: _____

Relationship to child: _____

Home phone: _____ Cell Phone: _____

Do you give permission for child to be released to this person? Yes _____ No _____

Name: _____

Address: _____

Relationship to child: _____

Home phone: _____ Cell Phone: _____

Do you give permission for child to be released to this person? Yes _____ No _____

Name: _____

Address: _____

Relationship to child: _____

Home phone: _____ Cell Phone: _____

Do you give permission for child to be released to this person? Yes _____ No _____

Parent/Guardian Signature

Date