

CHILD'S ENROLLMENT RECORD

DIRECTOR'S USE ONLY
Date enrolled _____

Child's full legal name _____
First Middle Last

Sex _____ **Birth Date** _____

Child's preferred name/nickname _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

Who has legal custody _____ **Relationship** _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

Home Phone _____ **Cell Phone** _____

Parent's name _____

Home Phone _____ **Cell Phone** _____

Home Address _____
Street Address (number, apartment #, street) City State Zip Code

Place of Employment _____

Address of Employer _____
Street Address (number, apartment #, street) City State Zip Code

Telephone _____

Parent's Name _____

Home Phone _____ **Cell Phone** _____

Home Address _____
Street Address (number, apartment #, street) City State Zip Code

Place of Employment _____

Address of Employer _____
Street Address (number, apartment #, street) City State Zip Code

Telephone _____

The child will be released only to the person(s) authorized, or in the manner authorized, in writing, by the custodial parent(s) or legal guardian(s). The following person must be someone other than the custodial parent(s) or legal guardian(s) and is authorized to remove the child from the facility in case of illness, accident, or emergency, **if for some reason the custodial parent(s) or legal guardian(s) cannot be reached:**

Name _____

Home Phone _____ **Cell Phone** _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

Name _____

Home Phone _____ **Cell Phone** _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

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CHILD'S ENROLLMENT RECORD

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Child's Physician/Health Resource _____

Telephone Number _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

Hospital Preference _____

Name of Dentist _____ Telephone _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

MISCELLANEOUS INFORMATION

List all known allergies _____

List all identifying scars, birthmarks, skin discolorations _____

Special medical or dietary needs of child _____

List any areas of concern _____

PLEASE FILL OUT

Please check appropriate statements: My child

_____ will be picked up at the end of the program.

_____ will walk home at the end of the program (or ride bike).

A note from parent will be required for any exceptions to the above information. (Please do not ever remove a child from the program without notifying the leader or supervisor first.) All children must be signed out at the end of the program unless they are approved to walk/ride home.

My signature below verifies that:

I give permission to consult the child's physician/health resource listed above in case of emergency if parent/legal guardian cannot be reached.

I verify that the information on this enrollment form is complete and accurate.

Signature of Custodial Parent or Legal Guardian

Date
