CHILD ENOLLMENT FORM

Child's Name _____ Gender ____ Birthday _____
Home Address _____ Home Phone _____
Mother/Guardian's Name _____

Home Phone _____ Cell Phone _____

E-mail Address: _____
Address _____
Employer _____ Hrs. from _____ to _____
Employer Address _____
Business Phone _____
Father/Guardian's Name_____

Home Phone _____ Cell Phone _____

E-mail Address: _____
Address _____
Employer _____ Hrs. from _____ to _____
Employer Address _____
Business Phone _____

Child's First day of care: _____

Special instructions:

_____

_____

Parent/Legal Guardian Consent and Agreement for Emergencies As parent/legal guardian, I give consent to have my child receive first aid by facility staff, and, if necessary, be transported to receive emergency care. I understand that I will be responsible for all charges not covered by insurance. I agree to review and update this information whenever a change occurs and at least once a year.

Date: _____ Parent/Guardian Signature_____