Sample Enrollment Form

Child's Name: _____ Gender _____ Birthdate _____

	Mother	Father
Name		
Home Address		
Employer #		
Home Phone #		
Work Phone #		
Cell Phone #		

Person/s with whom the child lives: _____

Child's Physician: _____Phone:_____

Preferred Hospital:_____Phone:_____

Individuals to contact in the case of an emergency:

_____ Phone #:_____

_____ Phone #: _____

_____ Phone #:_____

_____ Phone #:_____

Does your child have any food allergies? No Yes _____

Does your child have any dietary restrictions? No Yes _____

Does your child have any special needs? No Yes _____

Does your child receive any special services? No Yes _____

Will your child receive services at the center? No Yes_____

Name of service provider and frequency _____

My child has permission to be released to the following individuals or transportation services in addition to the emergency contact persons listed above. (Please notify all individuals that they may be asked to show proof of identity)

Name	Relationship

The fee for child care at _____is $_____ per week for my child _____

Child care services begin on _____ (date) from _____a.m. /p.m.to_____a.m./p.m.
I agree to be responsible for any additional costs associated with the collection of any fees for materials or late fees.

I understand my child will be dismissed if I do not provide the center with a current immunization certificate.

I authorize this program and its representatives to get emergency medical treatment for my child if necessary.

Parent Signature: _____ Date: _____

4.12.18