

# ENROLLMENT FORM / EMERGENCY INFORMATION

Child's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

SSN: \_\_\_\_\_ Age: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip

Parent/Guardian's Name: \_\_\_\_\_ Parent/Guardian's Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Address: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Hours of Employment: \_\_\_\_\_ Hours of Employment: \_\_\_\_\_

School: \_\_\_\_\_ ID# \_\_\_\_\_ School: \_\_\_\_\_ ID# \_\_\_\_\_

School Address: \_\_\_\_\_ School Address: \_\_\_\_\_

School Telephone or Cell: \_\_\_\_\_ School Telephone or Cell: \_\_\_\_\_

Hours of School Attendance: \_\_\_\_\_ Hours of School Attendance: \_\_\_\_\_

Custody Information: (necessary legal verification for sole guardian) \_\_\_\_\_

Who to contact if parent cannot be contacted in an emergency:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_ Work phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Family Dentist: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

Allergies? Yes \_\_\_\_\_ No \_\_\_\_\_ If food allergies, you will need to fill out an additional form. (*Contact office*)

If yes, please specify: \_\_\_\_\_

Chronic Infectious Disease? \_\_\_\_\_

Previous Surgery? \_\_\_\_\_

Previous Serious Illness? \_\_\_\_\_

Other Medical Conditions? \_\_\_\_\_

Restrictions (due to recommendation of physician)? \_\_\_\_\_

Health Insurance Information: \_\_\_\_\_

Policy #

Group #

Primary Cardholder

## MEDICAL:

If emergency care is deemed necessary and I cannot be contacted, I authorize the staff member in charge to act in my behalf in granting permission for my child to receive emergency medical treatment.

## Permission Granted:

\_\_\_\_\_  
Signature of Parent or Guardian

## Permission Denied:

\_\_\_\_\_  
Signature of Parent or Guardian

## PERMISSION TO TRANSPORT IN EMERGENCY:

In case of emergency evacuation, the staff has my permission to transport my child in a private or public vehicle according to the direction of agency or public officials to a place of safety.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Signature of Parent or Guardian