

ENROLLMENT FORM / EMERGENCY INFORMATION

This form MUST be completed with appropriate documentation prior to our child attending.

Child's Name: _____

Age: _____ Race: (optional) _____

Home Address: _____
Street _____

City _____ State _____ Zip _____

Parent/Guardian's Name: _____

Parent Date of Birth: _____

Address: _____

Email Address: _____

Employer: _____

Work Address: _____

Work Telephone: _____

Hours of Employment: _____

School: _____ ID# _____

School Address: _____

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

Name: _____

Address: _____

Family Doctor: _____

Address: _____

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

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