## **Child Enrollment Information**

Child Information				
Child's Name:	Date of Birth:			
Address:	City:	State:	ZIP:	
Allergies, special instructions, comforting items				
Parent/Guardian Information (1)				
Name:		Relationship to child:		
Address:	City:	State:	ZIP:	
(if different than child)				
Home #: Ce	II #:	Work #:		
Email (personal):		Email (work):		
Place of work:		Address:		
Parent/Guardian Information (2)				
Name:	Relationship to child:			
Address:	City:	State:	ZIP:	
(if different than child)	J.,			
Home #: Ce	II #:	Work #:		
Email (personal):	Email (work):			
Place of work:		Address:		
[				
Emergency Contact (1)				
Name:	Relationship to child:			
Address:	Ci	ty:	State:	
Home #: Ce	II #:	Work #:		
Email (personal):	Email (work):			
Emergency Contact (2)		, <i>i</i>		
Name:	Relationship to child:			
Address:	Ci	ity:	State:	
Home #: Ce	II #:	Work #:		
Email (personal):		Email (work):		
Emergency Contact (3) – Out-of-Area/Out-of-Sta				
Name:	Relationship to child:			
Address:	Ci	ity:	State:	
Home #: Ce	II #:	Work #:		
Email (personal):		Email (work):		

Medical Information					
Child's Doctor's Name:		Phone #:			
Address:	City:		State:		
Preferred Hospital to Contact:		Phone #:			
Address:	City:		State:		
Child's Dentist's Name:		Phone #:			
Address:	City:		State:		
Does your child have any special needs	that I need to be aware of?				
Persons allowed to pick up my child if I am unable to: (Also list emergency contacts below if you want to allow them to pick up your child)					
Name:	Phone #:	Relationship to child:			
Name:	Phone #:	Relationship to child:			
Name:	Phone #:	Relationship to child:			
Name:	Phone #:	Relationship to child:			
Name:	Phone #:	Relationship to child:			
Name:	Phone #:	Relationship to child:			
A and NOT all and day with any one of	that the same of a sent and an if a	and add a			
Any one NOT allowed to pick up my ch	ilia (with copy of court order, if a	ірріісавіе):			
Parent's Signature:	_	Date:	_		
Parent's Signature:		Date:			