

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Mother or Guardian:**

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

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

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

Signature: \_\_\_\_\_

**Father or Guardian:**

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

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

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

Signature: \_\_\_\_\_

In case of an emergency, or if I cannot be contacted to pick up my child, I hereby authorize the following person(s) to pick up my child:

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

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

Phone: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

The following persons **MAY NOT** remove my child from the center:

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

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

**Medical Information**

Is child allergic to food, medication, or other substances?      Yes                      No

If yes please list: \_\_\_\_\_  
\_\_\_\_\_

Is child susceptible to infections?                      Yes                      No

If yes please describe: \_\_\_\_\_  
\_\_\_\_\_

Is child subject to convulsions/seizures?                      Yes                      No

If yes what precautions need to be taken: \_\_\_\_\_  
\_\_\_\_\_

Are there any physical conditions that we should be aware of (heart trouble, foot problem, hearing impairment, hernia, etc.)?

Yes                      No

If yes what precautions should be taken: \_\_\_\_\_  
\_\_\_\_\_

Other special instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The above enrollment and emergency information was provided by:

Parent/Guardian Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_