

ENROLLMENT REGISTRATION INFORMATION

Child Information

Name of Child: _____

Nicknames: _____

Age: _____ Date of Birth: _____

Mother's Name/Guardian: _____

Address: _____

Employer/Address: _____

Work Phone Number: _____ Email: _____

House Number: _____ Cell: _____

Father's Name/Guardian: _____

Address: _____

Employer/Address: _____

Work Phone Number: _____ Email: _____

House Number: _____ Cell: _____

Emergency Contact Person & Release Persons

Name: _____ Relationship to Child: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Name: _____ Relationship to Child: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Name: _____ Relationship to Child: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Name of Child's Physician/Medical Care Provider:

_____ Phone Number: _____

Address: _____ Special Disabilities: _____

Allergies: _____ Medication: _____

Medical/Dietary Information: _____

Health Insurance: _____ Policy Number: _____

PARENT SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT

<input checked="" type="checkbox"/> OBTAINING EMERGENCY MEDICAL CARE	<input checked="" type="checkbox"/> ADMIN. OF MINOR FIRST-AID PROCEDURES
<input checked="" type="checkbox"/> WALKS/TRIPS	SWIMMING
<input checked="" type="checkbox"/> TRANSPORTATION BY THE FACILITY	WADING <i>N/A</i>

SIGNATURE OF PARENT OR GUARDIAN

DATE

Parent Updates _____ SIGNATURE	_____ DATE
Parent Updates _____ SIGNATURE	_____ DATE
Parent Updates _____ SIGNATURE	_____ DATE