CHILD ENROLLMENT & EMERGENCY MEDICAL CARE FORM

Date of Application:	on: Date of Enrollment:		Last Day of Enrollment:		
Child's Name:				Child's Date of Birth:	
Child's Address:		City:		Zip Code	
	Addres				
	Zip Code:				
	1				
Mother's Employer A	Address:	City:		Zin Code	
City:	Zip Code:	e-mail Addr	ess.		
					·
Father's Employer A	ddress:	City:			
**********	*********		*******	Zip code	****
child's hours in care	(I	program on	behalf of parent	the child from the ch. (Use back for additional	l names.)
		Phone #		Relationship	
		In an amarg	oney adults to be	e contacted if parent c	eannot
		U	• /	child can be released.	
Thursday:Friday:		(Use back for additional names.)			
Saturday:					
Saturday.		Dhona #:		Relationship	
*******	*********			Ketauonsmp *********	 :******
	1	Medical Informatio	\n		
Known Allargias					
			Last Tetanus: Insurance ID:		
msurance Carrier			insurance in)	
Child's Physician:	Name:		Dhone # ()	
Ciliu s i llysiciali.	Address		City:	Zip Code	
Child's Dentist:					
Cinia's Dentist.	Name:				
	Address		•	Zip Code:	
I give my consent for	En or the First Aid and CPR ce	nergency Authoriza	ntion gram's name) _		, t
emergency. I also gi emergency. I will be	nd CPR to my child and to cove my consent for my child responsible for all medical featility:	d to be transported es.	to the nearest h	· · · · · · · · · · · · · · · · · · ·	
	·				
******	********	*******	******	*******	******
~	Behavior Manave read the parent handboo anage child behaviors in the f	-	by the policies co		he
Signature of Parent	or Guardian:		Date	2:	
Signature of Parent or Guardian:			Date:		