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		State:	ZIP:
(if different than child)				
Home #:	Cell #:		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)				
Home #:	Cell #:		Work #:	
Email (personal):		Email (work):		
Place of work:		Address:		
Emergency Contact (1)				
Name:	Relationship to child:			
Address:	City: State:		State:	
Home #:	Cell #:		Work #:	
Email (personal):	Email (work):			
Emergency Contact (2)				
Name:	Relationship to child:			
Address:		City:		State:
Home #:	Cell #: Work #:		Work #:	
Email (personal):		Email (work):		
Emergency Contact (3) – Out-of-Area/Out-of-Sta	ite	, , ,		
Name:	Relationship to child:			
Address:		City:		State:
Home #:	Cell #:	-	Work #:	
Email (personal):	Email (work):			

Comm. 143 (Rev. 12/21) Page 76

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	t 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:			
	/ ···				
Any one NOT allowed to pick up my child	with copy of court order, if applicat	oie):			
Parent's Signature:		Date:			
Parent's Signature:		Date:			

Comm. 143 (Rev. 12/21) Page 77