

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: (if different than child)	City:	State:	ZIP:
Home #:	Cell #:	Work #:	
Email (personal):		Email (work):	
Place of work:		Address:	
Parent/Guardian Information (2)			
Name:		Relationship to child:	
Address: (if different than child)	City:	State:	ZIP:
Home #:	Cell #:	Work #:	
Email (personal):		Email (work):	
Place of work:		Address:	

Emergency Contact (1)			
Name:		Relationship to child:	
Address:	City:	State:	
Home #:	Cell #:	Work #:	
Email (personal):		Email (work):	
Emergency Contact (2)			
Name:		Relationship to child:	
Address:	City:	State:	
Home #:	Cell #:	Work #:	
Email (personal):		Email (work):	
Emergency Contact (3) – Out-of-Area/Out-of-State			
Name:		Relationship to child:	
Address:	City:	State:	
Home #:	Cell #:	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:

Any one NOT allowed to pick up my child (with copy of court order, if applicable):

Parent's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

In the event of an emergency, the child care provider is authorized to obtain EMERGENCY MEDICAL or DENTAL CARE even if the child care center is unable to immediately make contact with the parent/guardian.
 ___ YES ___ NO

During an emergency the child care provider is authorized to contact the following person when parent or guardian cannot be reached.

Parent/Guardian Signature: _____ Date: _____

Alternate emergency contact person's name: _____ Phone: _____

Relationship to child: _____ Cellular number: _____