## **ENROLLMENT FORM / EMERGENCY INFORMATION**

This form MUST be completed with appropriate documentation prior to our child attending.

Child's Name:		Sex:	_ DOB:	Date:	
Age: Race: (optional)		Phone: _			
Home Address:		Does chi	ld have: LINK?_	IFSP/IEP?	Special Diet?
Street		Parent/G	uardian's Name:		
City State	Zip	Parent D	ate of Birth:		
Parent/Guardian's Name:		Address:			
Parent Date of Birth:		Email Address:			
Address:		Employer:			
Email Address:					
Employer:					
Work Address:		Hours of Employment:			
Work Telephone:		School:ID#			
Hours of Employment:		School Address:			
School: ID#		Custody Information: (necessary legal verification for guardian):			
School Address:					
Who to contact if parent cannot be contacted it	n an emergency:				
Name:		Relationship:			
Address:		Telephone	:		
		Work phone:			
Family Doctor:		Family Dentist:			
Address:		Address:			
Telephone:		Telephone:			
Allergies? YesNo If food alle	ergies, you will need	to fill out a	n additional forn	n. (Contact office)	
If yes, please specify:					
Chronic Infectious Disease?					
Previous Surgery?					
Previous Serious Illness?					
Other Medical Conditions?					
Restrictions (due to recommendation of physic	cian)?				
<b>Health Insurance Information:</b>					
Policy #	Group			Primary Cardholder	
MEDICAL: If emergency care is deemed necessary and I cannot be contacted, I authorize the staff member in charge to act in my behalf in	Permission Granted:		<u>Po</u>	ermission Denied:	
granting permission for my child to receive emergency medical treatment.  PERMISSION TO TRANSPORT IN EMERGENCY: In case of emergency evacuation, the staff	Signature of Parent or Guardian		n Si	gnature of Parent of	or Guardian
has my permission to transport my child in a private or public vehicle according to the direction of agency or public officials to a place of safety.	Signature of Parent	t or Guardia	n Si	gnature of Parent of	or Guardian