

Child information					
Name (Last, First, MI)	Address - Home (Street, City, State, Zip)		Telephone Number	Birth Date (mm/dd/yy)	First Day of Attendance

Parent or Guardian - All parents/guardians are permitted to visit during center hours unless access is prohibited or restricted by court order. Attach court order, if any.					
Relationship to Child	Name	Address - Home (Street, City, State, Zip)	Telephone Number	Work Address OR Address Where Reachable While Child is at Facility	Telephone Number
Mother					
Father					
Guardian					
Guardian					

Persons Authorized to Call for your Child - Provide the information requested for each person authorized to call for your child.					
Relationship to Child	Name	Address - Home (Street, City, State, Zip)	Telephone Number	Work Address OR Address Where Reachable While Child is at Facility	Telephone Number

Emergency Contact - List information of person to contact when mother, father, or guardian cannot be reached.					
Relationship to Child	Name	Address - Home (Street, City, State, Zip)	Telephone Number	Work Address OR Address Where Reachable While Child is at Facility	Telephone Number

Physician or Medical Facility		
Name	Address	Telephone Number

Authorization

- Yes No I hereby give my consent for emergency medical care or treatment to be used only if I cannot be reached immediately.
- Yes No I have had an opportunity to review policies, procedures, and state requirements.
- Yes No I give permission for my child to participate in field trips and other activities during operating hours. Transported Walking

Signature - Parent or Guardian	Date Signed
--------------------------------	-------------

Is the child baptized: Yes / No	Church Membership: _____	Denomination: _____
4 year old class: Tue, Wed, & Thurs 8:30 – 11:30am	Mon & Wed 8:30 – 11:30am	Co-oping in classroom: Yes / No If Yes: 1 day 2 days
3 year old class: Tue & Thurs 8:30-11:30am		Co-oping in classroom: Yes / No If Yes: 1 day 2 days
Name & ages of siblings: _____		