

Enrollment Information Complete a separate form for each child.

Enrollment Date / /

C H I L D I N F O	Last Name First MI			Sex M F	DOB / /
	Street Address		Apt #	City	State Zip
	Child lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Guardian(s) <input type="checkbox"/> Foster Parent(s) <input type="checkbox"/> Other:				
	Who has legal custody? <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Guardian(s) <input type="checkbox"/> Ward of State				Parenting plan attached? YES NO

By law, all parents/guardians are permitted to visit during center hours and are allowed to pick up the child unless access is prohibited or restricted by a court order. Attach court order, if any and complete the box to the right →

Parents/guardians will be contacted in order listed.

P A R E N T	Last Name First MI			Relationship to Child		
	Please check all that apply: <input type="checkbox"/> Lives with child <input type="checkbox"/> Emergency Contact <input type="checkbox"/> Authorized to pick-up child			Daytime phone: ()	Home Cell Work	Alternate phone: () Home Cell Work

P A R E N T	Last Name First MI			Relationship to Child		
	Please check all that apply: <input type="checkbox"/> Lives with child <input type="checkbox"/> Emergency Contact <input type="checkbox"/> Authorized to pick-up child			Daytime phone: ()	Home Cell Work	Alternate phone: () Home Cell Work

Provide information for **TWO** persons to contact when parents/guardians cannot be reached. Emergency contacts must be authorized to pick up the child.

C O N T A C T	Last Name First MI			Relationship to Child		
	Please check all that apply: <input type="checkbox"/> Lives with child <input type="checkbox"/> Emergency Contact <input type="checkbox"/> Authorized to pick-up child			Daytime phone: ()	Home Cell Work	Alternate phone: () Home Cell Work

C O N T A C T	Last Name First MI			Relationship to Child		
	Please check all that apply: <input type="checkbox"/> Lives with child <input type="checkbox"/> Emergency Contact <input type="checkbox"/> Authorized to pick-up child			Daytime phone: ()	Home Cell Work	Alternate phone: () Home Cell Work

H E A L T H C A R E	Physician		Phone ()	Date of Last Exam / /
	Dentist		Phone ()	Date of Last Exam / /
	Special Health Problems (Check appropriate boxes) <input type="checkbox"/> NONE			

Allergies Asthma ADD/HD Behavioral Bee Sting Cerebral Palsy Diabetes Ear Infection
 Ear Tubes Food Allergies Glasses Hayfever Hyperactivity Hearing Kidney Medication
 Seizures Skin Operations Orthopedic Problems Peanuts Tree Nuts Other:

If you checked any of the above an Individual Health Care Plan (IHCP) will be required!

Individuals authorized to pick-up/drop-off must sign children in/out of care using their full legal signature.

A C C E S S	Ultimately our Procure Software touch screen will control access into the facility via biometric scanner (fingerprint), as children are checked in and out by authorized individuals. Until then, each family will be assigned a 4-digit security code for center access.	
	This code may be used by any authorized individual listed above who has completed the registration process. Unregistered guests and/or temporarily authorized individuals must ring guest bell for entry. Photo identification will be required.	
	If a parenting plan is in effect, a second code may be requested for each custodial parent.	

Door Code: