

Emmanuel Parent's Day Out Child Enrollment Form

Please note that *every* field below must be filled in to ensure we have a complete form. Thank you!

Child's given name:	Birth date:
Preferred name:	
Address (Street, City, State, Zip Code):	

Identifying Information:

Mother's name:	Home phone:		
E-mail:	Cell phone:		
Employed by:			
Employer's address (Street, City, State, Zip Code):			
Hours of employment:	From	To	Office phone:

Father's name:	Home phone:		
E-mail:	Cell phone:		
Employed by:			
Employer's address (Street, City, State, Zip Code):			
Hours of employment:	From	To	Office phone:

Medical Information:

In the case of a serious injury or sickness, you or your emergency contact will be notified immediately. If emergency medical care is required, following is my child's medical information:

Doctor/Clinic:	Telephone:
Preferred hospital:	

Emergency Contact (if a parent cannot be reached):

Name:	Relationship to child:	
Address:	Home phone:	Cell phone:

Persons Permitted to Pick-up Your Child (must show ID at first pick-up):

1. _____ Relationship: _____
2. _____ Relationship: _____
3. _____ Relationship: _____

Background & Family Information:

Names and ages of siblings:
Previous group experience:
Physical or mobility concerns:
Allergies, including any food allergies:
Fears or anxieties:
Additional information:

Program Preference:

- Mondays: Half-day (9 a.m. – 12 p.m.) _____
- Wednesdays: Half-day (9 a.m. – 12 p.m.) _____
- Full-day (9 a.m. – 3 p.m.) _____
- Thursdays: Half-day (9 a.m. – 12 p.m.) _____

Desired enrollment date:

Photo & Website Release:

I () do or () do not give consent for my child to have his/her photo taken for classroom projects and for potential publishing on the Emmanuel Preschool website.

Agreements:

- A) I understand that I will be informed of the required health and safety inspections and that the inspection forms are available for review at the beginning of the school year.
- B) When my child is ill, I understand and agree that my child may not be accepted for care.
- C) It is my understanding that I will furnish my child's medical and immunization records, signed by a physician, as soon as possible or prior to the first day of school.

Parent/Legal Guardian Signature:

Date:
