



Enrollment Form

| | | | | |
|---------------------------------------|--------------------------|-----------------------|----------|----------------------------|
| Child's Name | | Date of Birth | Gender | Child's Home Phone # |
| Child's Address | | | Zip Code | Days child will be in care |
| Date of Admission Aug. 2017 | Parent/Guardian Name (s) | | Address | |
| Mother's Name | | Mother's Work Place | | Mother's Work # |
| Mother's DL # | | Mother's Cell Phone # | | Other Phone # |
| Father's Name | | Father's Work Place | | Father's Work # |
| Father's DL # | | Father's Cell Phone # | | Other Phone # |
| Emergency Contact | Address | | Phone # | Relation to Child |

Authorization for Emergency Medical Attention – In the event I cannot be reached to make arrangements for emergency medical attention, I authorize the person in charge to take my child to:

| | | |
|---|---------|---------|
| Name of Physician | Address | Phone # |
| Name of Hospital | Address | Phone # |
| <ul style="list-style-type: none"> I give consent for this facility to secure any and all necessary emergency medical care for my child. My child has been examined within the past year by a health care professional and is able to participate in the childcare program. Within 12 months of admission, I will obtain a health care professional's signed statement and will submit it to the childcare operation. | | |
| Parent/Legal Guardian Signature _____ | | |

List of people other than Parents/Guardian authorized to pick up my child without prior notice.

| | | |
|------|---------|---------|
| Name | Address | Phone # |
| Name | Address | Phone # |
| Name | Address | Phone # |

Email Address:

All CROSSROADS School information will be emailed.

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1. Water Activities: I hereby give my consent for my child to participate in the following water activities: **-please check**

_____ sprinkler play _____ splashing/wading pools _____ water table play _____ swimming pools _____ none

2. Receipt of written operation policies: **-please check**

- I acknowledge receipt of the operations policies including those for the discipline and guidance.
- My child's name and address may be published and distributed to other parents for birthday list.
- My child may be videotaped or photographed during normal activities and used for school displays or advertising purposes.

Please list any other information we should know about your child: _____

Parents Signature

Date