

Child Admission Agreement



Name of Child	Nickname	Birth Date month/day/year	Sex (circle one)		Enrolled Date (check the box if no longer enrolled)	
			F	M		
			F	M		
			F	M		
			F	M		
			F	M		
			F	M		

Home Address		Email	
City		State / Zip	
Mother's/Guardian's Name		Phone	
Employer		Work Phone	
Father's/Guardian's Name		Phone	
Employer		Work Phone	

Marital Status of Parent/Guardian (if applicable):	Married		Divorced		Single		
*Normal days child will attend (circle):	M	T	W	TH	F	S	S
*Normal hours child will attend (circle if am or pm):	AM/PM		To		AM/PM		

Emergency Contacts (Other than Parents) and Persons Authorized to Pick-Up the Child

(Unless there is a court order prohibiting it, parents whose names are not listed can pick up their children.)

Name	Relationship to Child	Address	Phone #
<input type="checkbox"/> Check if there are no emergency contacts available, other than parents.			
<input type="checkbox"/> Check if there are no persons authorized to pick up the child, other than parents.			
Out of Area/State Contact Name	Relationship to Child	Address	Phone #
<input type="checkbox"/> Check if there are no out of area/state contacts available.			

In case of an emergency or a serious illness and the parents cannot be reached immediately, I hereby authorize the provider to obtain emergency medical care and/or provide emergency medical transportation for my child.

_____ *Print Name of Parent or Guardian* _____ *Signature* _____ *Date*

I hereby give the provider permission to transport my (child/children) in the provider's vehicle for the following (optional):

- To and From School
 On Field Trips (with written permission in advance)
 Other:

_____ *Print Name of Parent or Guardian* _____ *Signature* _____ *Date*