

ENROLLMENT INFORMATION FORM

Part I. > Identifying Information

CHILD'S NAME: _____ SEX: M F BIRTHDATE: _____ / _____ / _____
First Middle Last Month Day Year

ADDRESS: _____
Street City State Zip Code

MOTHER'S NAME: _____ PHONE: _____ / _____ / _____
First Last Home Work Cell

FATHER'S NAME: _____ PHONE: _____ / _____ / _____
First Last Home Work Cell

Part II. > Emergency Authorization and Information

In case of an emergency in which the parents cannot be reached, please call:

(1) _____
Name Relationship Address Phone Number

(2) _____
Name Relationship Address Phone Number

(3) _____
Name Relationship Address Phone Number

*** * * AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION * * ***

In the event I cannot be reached to make arrangements for emergency medical attention, I authorize the facility director or person in charge to take my child to:

(1) _____
Doctor's Name Address Phone Number

I hereby give consent for necessary emergency treatment, and transportation to the nearest medical facility, When my child is in the care of Chapelwood School:

Signature of Parent or Legal Guardian Date

Part III. > Release Information-Must have at least one person other than mother and father

*I hereby authorize Chapelwood School for Young Children to allow my child to leave the facility with prior consent **ONLY** with the following person(s):*

Name of Adult Phone Number Relationship to Your Child

Name of Adult Phone Number Relationship to Your Child

Name of Adult Phone Number Relationship to Your Child

Part IV. > Family Information

The following is a list of siblings or relatives (besides the parents) who reside with the above-named child:

Name of sibling/relative Birthdate Name of sibling/relative Birthdate

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