

ENROLLMENT INFORMATION FORM

Part I. > Identifying Information

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

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 give consent for necessary emergency treatment
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 _____

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