

Enrollment Form

Child Information

For Office Use Only
Registration fee paid _____
Entered into the computer _____
Name on roll call sheet _____
Copy for Classroom _____
Food Program Sheet _____
IEF Form _____
Shot Records _____
Start Date _____

Child's Name _____ Birthdate _____ Gender _____
 Child's Name _____ Birthdate _____ Gender _____
 Child's Name _____ Birthdate _____ Gender _____

What days and times will you be using our center?
 Place times next to the days your child will be here

Monday	Tuesday	Wednesday	Thursday	Friday

Parent Information

Name _____	Employer _____
Relationship to Child _____	Position _____
Address _____	Work Phone _____
City _____ State _____ Zip _____	Can we call you at work? _____
Home Phone _____	Pager Number _____
Cell Phone _____	Marital Status _____
Social Security Number _____	

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Relationship to Child _____	Position _____
Address _____	Work Phone _____
City _____ State _____ Zip _____	Can we call you at work? _____
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The child lives with (circle one) Mother Father Both Other: _____

If there is a non-custodial parent, are they allowed to pick the child up: YES NO

Who else can pick up child (please note that we will ID the person picking up the child, this means they might get carded more than one time:

Name and Relation to the child _____

Name and Relation to the child _____

Emergency Contact Information

Name _____	Name _____
Phone _____	Phone _____
Other Number _____	Other Number _____
Name _____	Name _____
Phone _____	Phone _____
Other Number _____	Other Number _____

Consent for Emergency Medical Care

I/We _____ Relation _____ of _____
Your NameChild's Name

Do hereby request and give consent to the Director of Little Hands at Work and Play for said child to receive such medical aid as may be deemed necessary expedient by a duly licensed or recognized physician in case of an emergency when parent(s) cannot be reached. Consent is also given for the Director to transport said child for emergency medical treatment, if parent(s) cannot be reached.

Parents/Guardian Signature Date Witness Date

Notification for Release of Publication

Release for publication must be on file for everyone in photographs.

_____ I freely grant consent to Little Hands at Work and Play to photograph me and/or my child (no names will be used) and to use the photos for publicizing activities of the center, without payment to me.

_____ I do not grant consent to the center to photograph me and/or my child.

Parent/Guardian Signature Date

Title XX (State Aid) Co Pay \$ _____
Caseworker's Name _____ Case # _____
Caseworker's Phone Number _____

I acknowledge receipt of a parent handbook. I understand that it is my responsibility to read the parent handbook, and by signing this form, agree to abide by all policies and procedures of Little Hands at Work and Play.

Parent/Guardian Signature

Date

I certify that the above information is correct to the best of my knowledge.

Parent/Guardian Signature

Date