

A CHILD'S WORLD

Application for Enrollment

Child's Name _____
Last First Middle Nickname

Child's Address _____
Street City State Zip

Birth Date ____/____/____ Sex _____ Hrs. scheduled to attend _____

Father/Guardian information:

Mother/Guardian Information:

Name _____
Home Phone _____
Address _____
Social Security No. _____
Employer _____
Employer Address _____
Employer Phone _____

Name _____
Home Phone _____
Address _____
Social Security No. _____
Employer _____
Employer Address _____
Employer Phone _____

Child's living arrangements: ()Both parents ()Mother ()Father ()Other _____

This child may be released only to the person(s) signing this agreement or to one of the following.
*In case of an emergency, when the child's parent cannot be reached, this person should be contacted.

Name	Address	Phone	Relationship
1.* _____	_____	_____	2. _____
3. _____	_____	_____	

Pediatrician's Name _____ Phone _____
Address _____

I agree that the operator may authorize the physician of his/her choice to provide emergency care in the event that neither I nor the pediatrician named above can be contacted in a timely manner.

Parents are responsible for notifying the center of any changes in this child's file.

Signature of Parent/Legal Guardian