

Dayspring Christian Pre-School
ENROLLMENT INFORMATION

Child's Full Given Name	Director's Name Amy Count
Name Child Likes to be Addressed By	Child's Date of Birth
Child's Address	
Child's Admission Date	Child's Withdrawal Date
Hours and days Child will be in care	

This following information is optional, however is requested to help us with sensitive situations concerning your child.

Marital Status of Child's Parents: Married Divorced Other helpful information

Primary Caregiver: Mother Father Both Parents Other

Parent's or Guardian's Name (Mother)		Address if different from child's address		
Mother's Home Telephone No.	Mother's Work No.	Mother's Employer's Name	Mother's Cell No.	Mother's Pager No.
Parent's or Guardian's Name (Father)		Address if different from child's address		
Father's Home Telephone No.	Father's Work No.	Father's Employer's Name	Father's Cell No.	Father's Pager No.
In case of an emergency and parent/guardian cannot be reached, please give name of person to call			Telephone No.	Relationship
I hereby authorize the day care facility to allow my child to leave the day care facility ONLY with the following persons:				

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries during the past 12 months, and medication prescribed for long-term continuous use, and any other information which staff should be aware of:

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION: In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the caregiver or person in charge to take my child to:		
Name of Licensed Physician	Address	Telephone No.
Or to (name of hospital or clinic)	Address	Telephone No.
I give consent for necessary emergency treatment when my child is in the care of this physician and/or hospital clinic.	_____	
	Signature of Parent of Legal Guardian	Date

1. Transportation: I hereby _____ give _____ do not give my consent for my child to be transported by caregiver:

_____ On Field Trips (Pre A & ↑)	_____ On Walking Trips (All ages)	_____ To and From School (Kind & ↑)	_____ To & From Home (all ages)
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2. Water Activities: I hereby _____ give _____ do not give my consent for my child to participate in the following as provided by caregiver:

_____ Sprinklers	_____ Splashing Pools	_____ Wading Pools	_____ Swimming Pools
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3. School Age Children: My child attends:

Name of School and Address	School's Telephone No.
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Parent's Comment: _____

Signature of Parent of Legal Guardian

Date