



ADMISSION AND EMERGENCY CONTACT FORM

Child's Name:

Child's Address:

Birthday:

Mother's Name:

Mother's Address (if different from child's)

Home Phone:

Work Phone:

Cell Number:

Email Address:

Mother's Place of Employment:

Father's Name:

Father's Address (if different from child's)

Home Phone:

Work Phone:

Cell Number:

Email Address:

Father's Place of Employment:

Persons Authorized to drop-off or pick up your child from the program?

Name:

Address:

Phone Number:

Name:

Address:

Phone Number:

Who does not have your permission to take your child from the program?

Please Note: A copy of the court decision must be on file in order for the program NOT to release a child to his/her noncustodial parent.

Name:

Address:

Phone Number:

Name:

Address:

Phone Number:

Name of child's primary doctor:

Address:

Phone Number:

Preferred Hospital:

Insurance Carrier:

Policy Number:

Name of Insured:

Name of child's primary dentist:

Address:

Phone Number:

Insurance Carrier:

Policy Number:

Name of Insured:

If you cannot be reached in an emergency, who can assume responsibility for your child:

Name:

Address:

Phone Number:

Name:

Address:

Phone Number:

Any food or medication allergies:

Current Medications:

The undersigned request admission for the above child and hereby agree to the tuition, policies and procedures of The Nativity Early Learning Center. I also agree to have on file at the center, immunization records and a physical record. All of your children's forms will remain confidential.

Parent Signature:

Date: