



CHILD ENROLLMENT FORM

CHILD'S NAME: _____ DATE OF ENROLLMENT: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

NAME	ADDRESS	PHONE
Mother: _____	_____	_____
Father: _____	_____	_____
Guardian: _____	_____	_____

Names and Ages of Siblings: _____

To ensure the safety of your child, we are requesting that you fill out the following authorization list. This list would include the people that you allow to pick up your child at the center or the people that we may leave your child with if they are dropped off by the bus. Anyone on the list should be prepared to show a photo ID. It is your responsibility to keep this list updated. Your child will not be left with someone who is not on the list without prior arrangement.

AUTHORIZATION LIST

Name: _____ Home #: _____ Work #: _____

Name: _____ Home #: _____ Work #: _____

Name: _____ Home #: _____ Work #: _____

Name: _____ Home #: _____ Work #: _____

Name: _____ Home #: _____ Work #: _____

Name: _____ Home #: _____ Work #: _____