



Childcare Enrollment Form

DATE OF ADMISSION				
CHILD'S NAME		CHILD'S AGE	DATE OF BIRTH	SEX
CHILD'S ADDRESS		CITY	STATE	ZIP
PARENT/GUARDIAN'S NAME		DATE OF BIRTH	PRIMARY NUMBER	ALTERNATE NUMBER
HOME ADDRESS		SAME AS CHILD'S <input type="checkbox"/>	CITY	STATE ZIP
EMAIL ADDRESS				
PARENT/GUARDIAN'S NAME		DATE OF BIRTH	PRIMARY NUMBER	ALTERNATE NUMBER
HOME ADDRESS		SAME AS CHILD'S <input type="checkbox"/>	CITY	STATE ZIP
EMAIL ADDRESS				
EMERGENCY CONTACT IF PARENT CAN NOT BE REACHED		RELATIONSHIP	PRIMARY NUMBER	ALTERNATE NUMBER
AUTHORIZED TO PICK UP CHILD (NAME)		RELATIONSHIP	PRIMARY NUMBER	ALTERNATE NUMBER
AUTHORIZED TO PICK UP CHILD (NAME)		RELATIONSHIP	PRIMARY NUMBER	ALTERNATE NUMBER
AUTHORIZED TO PICK UP CHILD (NAME)		RELATIONSHIP	PRIMARY NUMBER	ALTERNATE NUMBER
THE FOLLOWING MEALS ARE SERVED TO MY CHILD WHILE IN CARE		MY CHILD WILL BE IN CARE		
BREAKFAST <input type="checkbox"/> LUNCH <input type="checkbox"/> SNACK <input type="checkbox"/>		MON <input type="checkbox"/> TUES <input type="checkbox"/> WED <input type="checkbox"/> THURS <input type="checkbox"/> FRI <input type="checkbox"/>		
		FROM _____ TO _____		
I HEREBY GIVE CONSENT FOR THE FOLLOWING (CHECK ALL THAT APPLY):				
TRANSPORTATION: My child may be transported by The Village School during emergency care. <input type="checkbox"/>				
My child may be transported by The Village School to and from Public School. <input type="checkbox"/>				
My child may be transported by The Village School to and from Field Trips. <input type="checkbox"/>				
FIELD TRIPS: My child may participate in field trips supervised by The Village School. <input type="checkbox"/>				
WATER ACTIVITIES: My child may participate in the following water activities:				
Sprinkler Play <input type="checkbox"/> Splash/wading Pool <input type="checkbox"/> Swimming Pool <input type="checkbox"/>				
PHOTOGRAPH RELEASE: My child's picture may be taken in conjunction with The Village School activities and events. <input type="checkbox"/>				
SIGNATURE OF PARENT/LEGAL GUARDIAN: _____ DATE: _____				
DIRECTOR'S SIGNATURE: _____ DATE: _____				