

Does the child have any particular problems going to the bathroom? _____

Describe: _____

Doctor's Name _____ Phone _____

Name, address and phone number of person who would assume responsibility for your child in an emergency when school would be unable to contact the parents:

Name _____ Phone _____ Cell _____

Address _____

Permission is granted to meet the needs of my child in case of an emergency.

Parent's Signature

WORKING MOTHERS

My child stays with _____

(Name)

(Address)

(Phone)

when I am working or am away.

Mother's Signature _____

ENROLLMENT FORM PART II

Child's Name _____

Name of Person/Persons Authorized to take child from facility

I _____ do _____ do not give consent for my child to take part in field trips with Central Baptist Preschool under proper supervision. It is my understanding that I will be notified when such trips are planned.'

Agreements

- A. I have been informed to he required health and safety inspections and that inspection forms are available for review.
- B. When my child is ill, I understand and agree that my child may not be accepted for care.

This certifies that my child is, to my knowledge, in good health and free of disabilities that would endanger him/her or other children in preschool.

Signature – Parent/Legal Guardian _____ Date _____

To Be Completed By Child Care Facility
Admission Date _____
Discharge Date _____

(Form To Be Retained For 1 Year After Discharge)