



## Children's Enrollment Application

Child's Name: \_\_\_\_\_ D/O/B: \_\_\_\_\_ D/O/A: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ Phone #: \_\_\_\_\_

Father/guardian: \_\_\_\_\_ Phone#: \_\_\_\_\_

Parent's Employer Name and Address: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Order of Protection  Yes  No

### Emergency/Escort Contacts

*Optional: please submit a photo ID of all designated individual.*

Children will be released only by designated person, 18 years of age or older. Your child will not be released to anyone not mentioned below.

1. Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

4. Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

### Emergency Medical Authorization

Doctor/ Medical Home: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist/Dental Home: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_ ID: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Known Medical Concern (allergies, asthma or other medical problems): \_\_\_\_\_

Religious Restriction:

In case of accident or injury, I authorize Happy Faces Preschool with any and all emergency medical treatment advised by the physicians, or hospital necessary for the proper health and well-being of my child with the understanding that the family will be notified as soon as possible. I also agree to pay all costs and fees contingent of any emergency medical care and / or treatment for said child as secured and authorized under this consent.

I also agree to review and update the above information whenever a change occurs.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_