Ladybird Academy

ENROLLMENT FORM
(Please print and use a separate form for each child)

CHILD INFORMATION

Child's Name: Academy:

Birth Date: Sex: Age:

PARENT / GUARDIAN INFORMATION

Mother's Full Name: Marital Status:

Address: City: State: Zip:

Email Address: Employer:

Cell Phone: Work Phone:

Father's Full Name: Marital Status:

Address: City: State: Zip:

Email Address: Employer:

Cell Phone: Work Phone:

MEDICAL INFORMATION

Doctor: Phone:

Dentist: Phone:

AUTHORIZED CONTACT INFORMATION – *List up to three additional people authorized to pick up your child*

Children will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in cases of illness, accident, or emergency if for some reason the custodial parent or legal guardian cannot be reached.

Contact Name 1: Relationship: Cell Phone:

Address: City: State: Zip:

Contact Name 2: Relationship: Cell Phone:

Address: City: State: Zip:

Contact Name 3: Relationship: Cell Phone:

Address: City: State: Zip:

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

If my child, _____, should become ill or injured at, _____, I understand that the Child Care Provider will: (1) Contact me immediately and (2) Contact Person(s) I have designated if I cannot be reached.
Should the provider be unable to reach me and/or the person/s designated, they are authorized to contact my child's physician and/or arrange for immediate medical treatment.

The physician and/or medical facility are authorized to administer emergency medical treatment necessary to ensure the health and safety of my child.

I understand that in some medical situations the staff will need to contact the local emergency services before contacting a parent, child's physician and/or other listed emergency contact in the parent's absence.

PARENT SIGNATURE_____ **DATE:** _____/_____/_____

Ladybird Academy

EMERGENCY CONTACTS FORM

(Please print and use a separate form for each child)

CHILD INFORMATION

Child's Name: Date of Birth:

AUTHORIZED CONTACT INFORMATION

List up to three additional people authorized to pick up your child

Children will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in cases of illness, accident, or emergency if for some reason the custodial parent or legal guardian cannot be reached.

Contact Name 1: Relationship:

Address: City: State: Zip:

Home Phone: Cell Phone:

Contact Name 2: Relationship:

Address: City: State: Zip:

Home Phone: Cell Phone:

Contact Name 3: Relationship:

Address: City: State: Zip:

Home Phone: Cell Phone:

MEDICAL INFORMATION

Doctor's Name: _____ Tel: _____, I give permission to Ladybird Academy to take whatever measures (ie. First aid) are judged necessary for the care and protection of my child while under the supervision of the center.

In cases of a medical emergency, I understand that my child will be transported to _____ by the local emergency unit for treatment if the local emergency resource (i.e. police) deems it necessary.

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

If my child, _____, should become ill or Injured at, _____, I understand that the
CHILD'S FULL NAME *NAME OF FACILITY/PROVIDER*

Child Care Provider will: (1) Contact me immediately and (2) Contact Person(s) I have designated if I cannot be reached.

Should the provider be unable to reach me and/or the person/s designated, they are authorized to contact my child's physician and/or arrange for immediate medical treatment.

The physician and/or medical facility are authorized to administer emergency medical treatment necessary to ensure the health and safety of my child.

I will accept responsibility for payment of medical services rendered.

It is understand that in some medical situations the staff will need to contact the local emergency resource before the parent, child's physician and/or other adult acting on the parent's behalf.

PARENT SIGNATURE_____ **DATE:** _____/_____/_____