

Child Admission Agreement

Name of Child _____ Nickname _____
 Birthdate ____/____/____ Sex F____ M____ Enrollment Date ____/____/____ (Check the box if no longer enrolled)
 Home Street Address _____ Phone # _____
 City _____ State _____ Zip _____
 Mother's/Guardian's Name _____ Phone # _____
 Employer _____ Work Phone # _____
 Father's/Guardian's Name _____ Phone # _____
 Employer _____ Work Phone # _____

Emergency Contacts (Other than Parents) and Persons Authorized to Pick -Up the Child

(Unless there is a court order prohibiting it, parents whose names are not listed can pick up their children.)

Name	Relationship to Child	Address	Phone #

Check if there are no emergency contacts available, other than parents.
 Check if there are no persons authorized to pick up the child, other than parents.

Illnesses or Medical Conditions:

Does your child have any of the following:

	No	Yes		No	Yes
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Visual Impairment	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Developmental Delays	<input type="checkbox"/>	<input type="checkbox"/>
Seizures	<input type="checkbox"/>	<input type="checkbox"/>	Physical Impairment	<input type="checkbox"/>	<input type="checkbox"/>
Heart Problems	<input type="checkbox"/>	<input type="checkbox"/>	Behavioral or Emotional Problems	<input type="checkbox"/>	<input type="checkbox"/>
Hearing Impairment	<input type="checkbox"/>	<input type="checkbox"/>			

Check if you certify that my child's immunizations are current.

_____/_____/_____
 Signature of Parent or Guardian Date

In case of emergency or serious illness, when parents cannot be reached immediately, I hereby authorize the provider to obtain emergency medical care and / or provide emergency medical transportation for my child.

_____/_____/_____
 Signature of Parent or Guardian Date

This form is provided for technical assistance purposes only. Providers may use this form if they choose, but are **not** required to use this form.