

Admissions Form 2021

Director: Sheila Pharis

Date of Admission:	Date of Withdrawal:
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General Information

Child's Name:	DOB: / /	Child Lives With:
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Name of Parent/Guardian Completing the Form:	Address of Parent/Guardian:
Address of Child (if different):	Custody Documents on File?

Contact Information

Name	Number/Email Address	Relationship

Emergency Contact

Give the name, address, and phone number of the responsible individual to call in case of an emergency if parents/guardian cannot be reached

Name: Address:	Number:	Relationship:
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Release of Child

I authorize the child care operation to release my child to leave the child care operation **ONLY** with the following persons. Please list name and telephone number for each. Children will only be released to a parent or guardian or to a person designated by the parent/guardian after verification of ID.

Name	Number

Signature of Child's Parent/Guardian

Date

Signature of Director Designee

Date