



**WESTBROOK
ACADEMY**
CHILD CARE AND LEARNING CENTER

CHILD ENROLLMENT FORM

**WESTBROOK ACADEMY CHILDCARE & LEARNING CENTER
CHILD ENROLLMENT FORM**

CHILD'S NAME: _____ SEX: ___ D.O.B: _____

ADDRESS: _____

HOME PHONE NUMBER: _____

E-MAIL ADDRESS: _____

MOTHER /GUARDIAN:

NAME: _____

ADDRESS: _____

HOME PHONE NUMBER: _____

CELL PHONE NUMBER: _____

EMPLOYED BY:
(OR SCHOOL ATTENDED): _____

HOURS OF EMPLOYMENT: _____

EMPLOYER'S ADDRESS: _____

EMPLOYER'S PHONE #: _____



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FATHER /GUARDIAN:

NAME: _____

ADDRESS: _____

HOME PHONE NUMBER: _____

CELL PHONE NUMBER: _____

EMPLOYED BY:
(OR SCHOOL ATTENDED): _____

HOURS OF EMPLOYMENT: _____

EMPLOYER'S ADDRESS: _____

EMPLOYER'S PHONE #: _____

EMERGENCY CONTACTS (OTHER THAN PARENTS OR DOCTOR)

NAME: _____	TELEPHONE NUMBER: _____
ADDRESS: _____	RELATIONSHIP: _____
NAME: _____	TELEPHONE NUMBER: _____
ADDRESS: _____	RELATIONSHIP: _____

PERSON'S AUTHORIZED TO TAKE CHILD FROM THE CHILD CARE FACILITY:

NAME: _____	RELATIONSHIP: _____
NAME: _____	RELATIONSHIP: _____



COMMENTS ON CHILD'S DEVELOPMENT (NOTE ALLERGIES, HABITS, LANGUAGE, ETC.):

TO BE COMPLETED BY CHILD CARE FACILITY

ADMISSION DATE:
ENROLLED FOR (DAYS OF WEEK):
HOURS PER DAY; FROM: TO:
DISCHARGE DATE:

TO BE RETAINED FOR ONE YEAR AFTER DISCHARGE - AUTHORIZATION FOR EMERGENCY MEDICAL CARE:

I understand that I will be notified at once in case of accident or illness to my child, and I will make arrangements for medical care of my child with the physician or hospital of my choice.

If I cannot be reached to make necessary arrangements, or in a critical emergency requiring medical care, I

hereby authorize _____

PROVIDER NAME

to contact Doctor/Clinic:

NAME: _____ TELEPHONE NUMBER: () _____

ADDRESS: _____

For emergency medical treatment of my child, my preferred hospital is:

NAME: _____ TELEPHONE NUMBER: () _____



TRIP AND ACTIVITY PERMISSION:

I **do** **do not** give consent for my child to take part in field trips or excursions with this child care facility under proper supervision. Further, I understand I will be notified when such trips are planned and that I must give written permission for each field trip or excursion.

AGREEMENTS:

1. The provider and I have agreed on a plan for continuing communication regarding my child's development, behavior, etc.
2. When my child is ill, it is understood and agreed that he/she may not be accepted for care.
3. I have received a copy of this facility's policies pertaining to the admission, care and discharge of children.
4. I have been informed that a copy of the Licensing Rules for Child Care Centers in Missouri is available at this facility for review.

CHILD'S HEALTH HISTORY AND CURRENT HEALTH PROBLEMS (please list allergies, special medical conditions such as chronic health problems, developmental delays or disabilities, special medications, and/or restrictions, etc.):

SIGNATURE OF PARENT OR LEGAL GUARDIAN/DATE