



CHILD ENROLLMENT FORMS

Last Name: _____ First: _____ Middle' Initial: _____
 Birthday: _____ Sex: { } M { } F
 Home Address: _____
 City: _____ State: _____ Home Phone: _____
 Name of school (if any): _____

PARENT / GUARDIAN

Mother's Last Name: _____ First: _____
 Home Address: _____
 City: _____ State: _____ Zip Code: _____
 Home Phone: _____ Daytime /Work Phone: _____
 Place of Employment: _____ Address: _____
 City: _____ State: _____ Zip Code: _____
 Father's Last Name: _____ First: _____
 Home Address: _____
 City: _____ State: _____ Zip Code: _____
 Home Phone: _____ Daytime / Work Phone: _____
 Place of Employment: _____ Address: _____
 City: _____ State: _____ Zip Code: _____

EMERGENCY CONTACT

Person to contact in the event a parent / guardian cannot be contacted.
 Name: _____ Address: _____
 City: _____ State: _____ Zip Code: _____
 Home Phone: _____ Daytime /Work Phone: _____

EMERGENCY AUTHORIZATION

In the event of a medical emergency I authorize MileStones Learning Center to seek Professional Medical care for my child. My signature below grants MileStones Learning Center permission to provide Emergency medical care for my child. I understand that I will be liable for any medical expense incurred by MileStones Learning Center on the behalf of my child.

Emergency Authorization' Signature: _____



CHILD SAFEGUARDING

Child's Living Arrangements: { } Both Parents { } Mother { } Father { } other

Child's Legal Guardian: { } Both Parents { } Mother { } Father { } other

The Child May Be Released To The Person(s) Signing This Enrollment Form Or To The Following:

NAME:

ADDRESS:

PHONE:

1. _____
2. _____
3. _____
4. _____
5. _____

Child's Physician or Clinic's Information (Child's Primary Health Care Provider)

Health Care Provider

Name: _____

Address: _____ Phone: _____

My Child Has the Following Special Need(s): _____

The Following Special Accommodation(s) May Be Required To Most Effectively Meet My Child's Needs While At the Center: _____

My Child Is Currently On Medication(s) Prescribed For Long-Term Continuous Use And / Or Has the Following Pre-Existing Allergies, Illness, or Health Condition: _____

PHOTOGRAPHY RELEASE

I Grant Permission For MileStones Learning Center to Photograph My Child for Display in My Child's Classroom, the Center, and Local Newspapers.

Signature (Parent I Guardian): _____ Date: _____

Verification of Information

I Verify That The Information I Have Provided In This Enrollment Form Is Correct And True.

Signature (Parent/Guardian): _____ Date: _____