



3613 W. Devon Ave
Chicago IL 60659
773-478-5555

Attach picture of child here
Optional

ENROLLMENT FORM

Child Information

Child's Name _____ Gender _____
Date of Birth _____ Allergies _____
Date of Enrollment _____ Departure Date _____
Days and Hours enrolled at the center _____

Mother/Guardian 1 Information

Name _____
Address _____
City _____ State _____ Zip Code _____
Home Phone _____ Cell Phone _____
Employer _____ Position _____
Work Phone _____ Work Address _____
Typical Work Days and Hours _____
Email _____ Social Security # _____

Father/Guardian 2 Information

Name _____
Address _____
City _____ State _____ Zip Code _____
Home Phone _____ Cell Phone _____
Employer _____ Position _____
Work Phone _____ Work Address _____
Typical Work Days and Hours _____
Email _____ Social Security # _____

Child's Physician

Name _____ Phone Number _____
Address _____ City, State, Zip Code _____

Please list, in order, individuals authorized to pick up your child or individuals authorized to be contacted in emergencies other than parents/guardians:

1 st Contact Name _____	2 nd Contact Name _____
Address _____	Address _____
Phone _____	Phone _____
Relation to child _____	Relation to child _____
3 rd Contact Name _____	4 th Contact Name _____
Address _____	Address _____
Phone _____	Phone _____
Relation to child _____	Relation to child _____

I grant permission for my child to participate in the following: (signature and date)

Medical Care and First Aid _____

Administration of Medication _____

Use of all play equipment _____

Participation in Walks/Special Excursions and Field Trips _____

Transportation by licensed company or facility _____

Wading _____

Photos, videos/other mediums used for classroom/promotional purposes _____