Child Enrollment Form

Wylari

Please complete one form per child. All information is kept confidential.

CHILD INFORMATION

Child's full name

Preferred name

Date of birth

Home address

City / State / ZIP

Enrollment start date

Days attending

☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri

Drop-off / pick-up times

PARENT / GUARDIAN 1

Full name

Relationship to child

Date of birth (optional)

Cell phone

Alternate phone

Email

Address (if different from child)

Employer

Work phone

PARENT / GUARDIAN 2

Full name

Relationship to child

Date of birth (optional)

Cell phone

Alternate phone

Email

Address (if different from child)

Employer

Work phone

CUSTODY & HOUSEHOLD NOTES

Custody arrangements, court orders, or anything we should know (attach documents if applicable)

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EMERGENCY CONTACTS (OTHER THAN PARENTS)

Contact 1 — name | Relationship | Phone

Contact 2 — name | Relationship | Phone

AUTHORIZED FOR PICK-UP

Only the people listed below (and the parents/guardians above) may pick this child up. Photo ID will be checked.

Name | Relationship | Phone

Name | Relationship | Phone

Name | Relationship | Phone

HEALTH & MEDICAL

Child's physician | Physician phone | Insurance provider

Allergies (food, medication, environmental) — describe reactions

Dietary restrictions or feeding notes

Current medications and instructions

Medical conditions, special needs, or anything else we should know

Please attach a current immunization record if required in your state.

PERMISSIONS

_____ I authorize emergency medical treatment for my child if a parent cannot be reached immediately.

_____ My child may appear in photos used inside the program (daily updates to enrolled families).

_____ Provider may apply sunscreen, diaper cream, and insect repellent supplied or approved by me.

_____ My child may take part in neighborhood walks and outdoor play.

SIGNATURES

Parent / guardian signature | Date

Provider signature | Date