

ENROLLMENT FORM

Trinity Bible Church Parents' Day Out



CHILD'S INFORMATION				
Last Name	First	Sex	Birth Date	
Parents' Relationship to Each Other	Married <input type="checkbox"/>	Divorced <input type="checkbox"/>	Separated <input type="checkbox"/>	Single <input type="checkbox"/>

Child lives with (please check all that apply):

Mother & Father Mother Father Other _____

FATHER'S INFORMATION			
Name		Driver's license	
Home Address		Phone	
City	State	Zip	
Occupation		Employer	
Work Phone	Mobile	E-mail	

MOTHER'S INFORMATION			
Name		Driver's license	
Home Address		Phone	
City	State	Zip	
Occupation		Employer	
Work Phone	Mobile	E-mail	

GENERAL INFORMATION	
Family religious preference	Church Membership
How did you find out about our program?	

RELEASE OF CHILD			
List at least one local person who will be available to assume responsibility for your child in an emergency if parents cannot be reached.			
Name		Driver's license	
Home Address		Phone	
City	State	Zip	
Occupation		Employer	
Work Phone	Mobile	E-mail	

EMERGENCY MEDICAL CARE

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize _____ staff to take my child to an Emergency Room, or to the following physician or _____ (Name of Weekday Early Education Program) his/her associates, for medical care.

Dr. _____ Hospital _____

Address _____ Phone _____

City _____ State _____ Zip _____

Special Instructions

Food Allergies

Yes No

What would you like teachers to know about your child? Any health needs or allergies? Any special concerns? Please list those here:

Date of Enrollment	Class Assignment
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