



Southwest Valley E.C.E.C Enrollment Form

Student Information:

Child's Full Name: _____

Child's Physical

Address: _____

D.O.B _____ Gender: _____ Date of Enrollment: _____

Family Information:

Parent/Guardian Full Name: _____

Relationship to Child: _____

Address: _____

Phone Number: _____ Work Phone: _____

E-mail Address: _____

Employer: _____

Employer

Address: _____

Parent/Guardian Full Name: _____

Relationship to Child: _____

Address: _____

Phone Number: _____ Work Phone: _____

E-mail Address: _____

Employer: _____

Employer

Address: _____

Medical Information:

Doctor: _____ Address: _____ Phone: _____

Dentist: _____ Address: _____ Phone: _____

Please list any allergies, special medical or dietary needs, or other areas of concern:

Transport in an Emergency Situation:

I hereby grant permission for the staff of Southwest Valley E.C.E.C. to give first aid and obtain emergency medical or dental care if warranted and to have my child transported by emergency staff if needed to the nearest hospital. I give consent for the education center staff or the emergency contact person listed to act on my behalf until i can be reached. I understand that i will be responsible for all charges not covered by insurance.



Signature of Parent/Guardian: _____

Date: _____

Contacts:

Your child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in care of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached:

Name	Address	Work#	Personal#

Release Authorizations:

_____ I give consent for my child to participate in field trips. I reserve the right to be notified for field trips that require vehicle travel. I release the program of any liability unless negligence is proven.

_____ I give consent for photos and recordings to be taken of my child for the purpose of proof of participation in program activities and/or publicity of the daycare.

_____ I give permission to apply sunscreen as needed to my child during sunny weather.

_____ In the case of an emergency or continuing care plan, I give my permission for daycare to consult with my family physician _____ Phone: _____

I understand the consents are valid for the time my child is enrolled in Southwest Valley E.C.E.C. and that it is my responsibility to notify the daycare of any changes to this form.

Signature of Parent/Guardian

Date: