



**ENROLLMENT FORM**

**STUDENT INFORMATION**

ENROLLMENT DATE: \_\_\_\_\_  
START DATE: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_  
FIRST MIDDLE LAST

CHILD'S ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP CODE

CHILD'S ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP CODE

PHONE: \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ SEX: O M O F

PRIMARY HOURS OF CARE: FROM: \_\_\_\_\_ TO \_\_\_\_\_

ATTENDING DAYS: O M O T O W O T H O F

**FAMILY INFORMATION**

CHILD LIVES WITH: \_\_\_\_\_

MOTHER/GUARDIAN \_\_\_\_\_ FATHER/GUARDIAN \_\_\_\_\_

ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ PHONE \_\_\_\_\_

EMPLOYER \_\_\_\_\_ EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_

WORK PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_ EMAIL \_\_\_\_\_

CUSTODY: O MOTHER O FATHER O BOTH O OTHER: \_\_\_\_\_

**MEDICAL INFORMATION**

INSURANCE PROVIDER: \_\_\_\_\_  
POLICY NUMBER: \_\_\_\_\_

DOCTOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

ANY KNOW ALLERGIES, MEDICAL, DIETARY NEEDS OR OTHER AREAS OF CONCERN: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



**EMERGENCY CONTACTS**

Child will be released only to the custodial parents/legal guardians and the persons listed below. The following people will also be contacted and authorized to remove the child from the Ohsi Child Care in case of illness, accident or emergency, if for some reason the custodial parents/legal guardians cannot be reached:

NAME	ADDRESS	PHONE

**EMERGENCY AUTHORIZATION**

State law requires that we have written authorization from a child’s legal guardian to seek medical help in the event of a medical emergency. Signing the statement at the bottom of this letter will provide us with that authorization.

Ohsi Child Care policy, in the event of a medical emergency is to contact you first. If we can’t contact you, we will try to contact any others you may designate. In the event that we are unable to contact you or your designated representative(s), or if the medical emergency warrants immediate response, we will act on your behalf and in the best interest of the child.

To the best of my knowledge I have completed the above information to be true and accurate and I further understand and the following terms and agreements:

1. I agree to pay a late fee of \$1 a minute for every minute I arrive after 4:30 pm.
2. I agree to pay the late charge of \$10 per day for tuition payments that are received after Monday.
3. I understand that my registration fee and a non-refundable deposit of one week is due prior to my child start date.
4. I have read and reviewed the Ohsi Child Care Parents Handbook and I will adhere to the Policies and Procedures.

PLEASE SIGN HERE: \_\_\_\_\_

DATE: \_\_\_\_\_

FOR OFFICE USE ONLY		START DATE:
Registration \$	Deposit \$	Tuition \$