

Date of Enrollment: \_\_\_\_\_ Program Desired (e.g., 3 half days, MWF): \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_ Sex: M\_\_\_ F\_\_\_

Nickname: \_\_\_\_\_

**FAMILY INFORMATION**

	Parent 1	Parent 2
Relationship to child		
Name		
Home Address		
Home Phone		
Cell Phone		
Employer Name		
Employer Address		
Work Phone #		
E-mail Address*		
Last 4 digits of SSN**		

\*\*This number will be used as your keypad entry code for the front door.

Who is the primary custodian of your child? \_\_\_\_\_

Please list two **local** people whom you wish us to contact to pick up your child in the event you cannot be reached. Be sure to inform these people that they have been designated as authorized individuals. This will authorize these individuals to pick-up at any given time with-out specific written instructions.

Name & Relationship to your child: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Name & Relationship to your child: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

**MEDICAL INFORMATION**

**Please attach a copy of your child's health form, including immunizations, signed by his/her doctor.**

Child's Doctor: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_



## New Child Enrollment Form

Child's Dentist: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Health Insurance Company: \_\_\_\_\_ Group#: \_\_\_\_\_ ID#: \_\_\_\_\_

If your child has been in another group care setting, please provide details including last day of attendance: \_\_\_\_\_

If your child will be attending other programs concurrent with The Cedarhouse School, please provide name, days and times: \_\_\_\_\_

If your child has any known allergies or intolerance to food/medicine, which may require immediate medication please check here

Does your child take medication on a regular basis? Yes  No  Describe: \_\_\_\_\_

Please comment on any other relevant medical information/ or special needs that your child has:

Does your child have any dietary restrictions aside from food allergies. If yes, please describe: \_\_\_\_\_

### MEAL PLAN OPTION

- I am accepting the meal plan option for my child.
- I am declining the optional meal plan. My child will bring his/her own lunch.

*You may change this option effective the first day of the next calendar month.*

### EMERGENCY MEDICAL AUTHORIZATION

We will make every reasonable effort to contact you in the event of a medical emergency. If you cannot be located immediately, your signature below authorizes The Cedarhouse School to obtain immediate medical and/or dental care for your child, including but not limited to; transporting your child to the nearest hospital, the performance of diagnostic tests or surgery, and the administration of pharmaceuticals. Further, you agree to be responsible for payment of all expenses incurred in seeking medical treatment for your child.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of parent/guardian)

\_\_\_\_\_  
(Signature of The Cedarhouse School Representative)

\_\_\_\_\_  
(Signature of parent/guardian)

### PHOTO/VIDEO RELEASE

Pursuant to the photo release policy outlined in The Cedarhouse School Parent Manual, I hereby give permission for images of my child, captured during regular school activities and events, through video, photo and digital camera to be used solely for the purposes of Cedarhouse marketing and promotional materials and publications, and waive any rights of compensation or ownership thereto.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of parent/guardian)