

ENROLLMENT FORM
Old Stone Kiddie Condo 2/09

Child's Full Name _____

Nickname _____ gender _____

Birth Date _____ age _____

Address _____

Home Phone Number _____

Circle Days To Attend: Monday Tuesday Wednesday Thursday Friday

Father's Name _____

Employer/Address/Phone _____

Cell Phone _____ email address _____

Mother's Name _____

Employer/Address/Phone _____

Cell Phone _____ email address _____

Parent's Marital Status: Married Separated Divorced Single Widowed

Child Lives With _____

If Divorced, Who Has Legal Custody _____

*proof of custody must be provided

Enrollment date _____ Discharge date _____

parent signature and date

Emergency Contact
Old Stone Kiddie Condo 2/09

The following people may be contact in case of an emergency:

Name/address/ & Phone _____

Name/address/ & Phone _____

Medical info:

Child's Physician/address/Phone _____

Hospital preference _____

Health Insurance company and policy number _____

I consent for my child to receive emergency medical treatment and transportation in case of a medical emergency.

signature

date