



## ENROLLMENT & EMERGENCY FORM

CHILD'S NAME	GENDER	ADMISSION DATE
ADDRESS (STREET, CITY, STATE, ZIP CODE)	PHONE	BIRTHDATE
EMAIL ADDRESS		
<b>BUZZ BOOK INFORMATION</b>		
PARENT'S/GUARDIAN'S NAME	HOME TELEPHONE NUMBER	
ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK IF SAME AS ABOVE <input type="checkbox"/>	CELL PHONE NUMBER	
E-MAIL ADDRESS		
EMPLOYER OR SCHOOL ATTENDING	WORK/SCHOOL SCHEDULE	
EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP CODE)	WORK TELEPHONE NUMBER	
PARENT'S/GUARDIAN'S NAME	HOME TELEPHONE NUMBER	
ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK IF SAME AS ABOVE <input type="checkbox"/>	CELL PHONE NUMBER	
E-MAIL ADDRESS		
EMPLOYER OR SCHOOL ATTENDING	WORK/SCHOOL SCHEDULE	
EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP CODE)	WORK TELEPHONE NUMBER	
<b>EMERGENCY CONTACT AND PERSONS AUTHORIZED TO TAKE CHILD FROM FACILITY</b>		
(OTHER THAN PARENT) AT LEAST ONE EMERGENCY CONTACT IS REQUIRED.		
NAME	RELATIONSHIP TO CHILD	TELEPHONE NUMBERS (CELL, WORK, HOME)
ADDRESS (STREET, CITY, STATE, ZIP CODE)		
NAME	RELATIONSHIP TO CHILD	TELEPHONE NUMBERS (CELL, WORK, HOME)
ADDRESS (STREET, CITY, STATE, ZIP CODE)		
<b>AUTHORIZATION FOR EMERGENCY MEDICAL CARE</b>		
I UNDERSTAND THAT I WILL BE NOTIFIED AT ONCE IN CASE OF AN EMERGENCY WITH MY CHILD, AND I WILL MAKE ARRANGEMENTS FOR MEDICAL CARE OF MY CHILD WITH THE PHYSICIAN OR HOSPITAL OF MY CHOICE.		
IF I CANNOT BE REACHED TO MAKE NECESSARY ARRANGEMENTS, OR IN A CRITICAL EMERGENCY REQUIRING MEDICAL CARE, I AUTHORIZE ELIOT CHAPEL NURSERY SCHOOL TO CONTACT THE FOLLOWING:		
_____		
<b>PHYSICIAN OR CLINIC</b>		
NAME	TELEPHONE NUMBER	
<b>PREFERRED HOSPITAL</b>		
NAME	TELEPHONE NUMBER	

ACKNOWLEDGEMENTS		
A	I AUTHORIZE ELIOT CHAPEL NURSERY SCHOOL TO LIST MY ADDRESS, TELEPHONE NUMBER AND EMAIL IN A CLASS LIST / PHONE DIRECTORY.	PARENT/GUARDIAN INITIALS
B	I HAVE READ AND UNDERSTAND THE GUIDELINES AND POLICIES IN THE ELIOT CHAPEL NURSERY SCHOOL HANDBOOK.	PARENT/GUARDIAN INITIALS
C	I GIVE PERMISSION FOR FIELD TRIPS/EXCURSIONS. I UNDERSTAND I WILL BE NOTIFIED IN ADVANCE WHEN THEY ARE PLANNED.	PARENT/GUARDIAN INITIALS
D	<input type="checkbox"/> I GIVE PERMISSION FOR PHOTOGRAPHS OF MY CHILD TO BE TAKEN <input type="checkbox"/> WHILE AT ELIOT CHAPEL NURSERY SCHOOL.	PARENT/GUARDIAN INITIALS
E	I HAVE BEEN NOTIFIED THAT I MAY REQUEST NOTICE AT INITIAL ENROLLMENT OR ANY TIME THERE AFTER WHETHER THERE ARE CHILDREN CURRENTLY ENROLLED IN OR ATTENDING THE FACILITY FOR WHOM AN IMMUNIZATION EXEMPTION HAS BEEN FILED.	PARENT/GUARDIAN INITIALS

**HEALTH REPORT FOR SCHOOL-AGE CHILD  
CHILD'S HEALTH HISTORY AND CURRENT HEALTH PROBLEMS**

MY CHILD HAS SPECIAL HEALTH OR MEDICAL REQUIREMENTS AS LISTED BELOW.

ANY ALLERGIES, SPECIAL MEDICAL CONDITIONS, INCLUDING CHRONIC HEALTH PROBLEMS

ANY SPECIAL MEDICATIONS AND/ OR RESTRICTIONS (ADDITIONAL CONSENT FORM REQUIRED FOR MEDICATION KEPT AT SCHOOL)

PARENT/GUARDIAN SIGNATURE

DATE

**FORM TO BE RETAINED FOR ONE YEAR AFTER DISCHARGE.**

WITHDRAWAL DATE

**FILING:** FILE FORM IN CHILD'S INDIVIDUAL RECORD.