



Persons permitted to remove the child: Mother, \_\_\_\_ Yes \_\_\_\_ No      Father, \_\_\_\_ Yes \_\_\_\_ No

Others permitted to remove child. All info must match ID used by remover.

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Persons **NOT** allowed to pick up child:

Name \_\_\_\_\_ Address \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

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

Child's Dentist \_\_\_\_\_ Phone \_\_\_\_\_

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

Has child had? surgery \_\_\_\_\_ serious illness \_\_\_\_\_ convulsions \_\_\_\_\_ chicken pox \_\_\_\_\_

measles \_\_\_\_\_ accidents \_\_\_\_\_ burns \_\_\_\_\_ Other \_\_\_\_\_

Previous preschool or day care experience: where \_\_\_\_\_

when \_\_\_\_\_

Is there any other information that would be helpful for us to know about your child: \_\_\_\_\_

Persons to be notified in case of emergency if a parent/guardian cannot be reached:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Relationship to child \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Relationship to child \_\_\_\_\_

Other special instructions or information \_\_\_\_\_

Signature of person enrolling child \_\_\_\_\_