

Enrollment Packet for St Edward Childcare Center

Child's Information

Child's Full Name _____

Address _____

DOB _____

Parent/Guardian Information

Parent/Guardian #1

Name _____

Relationship to child _____

Address _____

Cell Phone _____

Work Phone _____

Employer _____

Email _____

Parent/Guardian #2

Name _____

Relationship to child _____

Address _____

Cell Phone _____

Work Phone _____

Employer _____

Email _____

Child Lives With:

Both Parents _____

Mother _____

Father _____

Other (please explain) _____

Emergency Contact Information

1. Full Name _____

Relationship to child _____

Cell/Work/Home Phone _____

2. Full Name _____

Relationship to child _____

Cell/Work/Home Phone _____

3. Full Name _____

Relationship to child _____

Cell/Work/Home Phone _____

Authorized Persons to Pick Up

1. _____
2. _____
3. _____

Child's Health Information

Doctor Name _____

Address _____

Phone Number _____

Preferred Hospital _____

Special Medical Conditions: (medications, illness, etc.) _____

Allergies: _____

Parent/Guardian Signature _____

Parent/Guardian Signature _____

EMERGENCY MEDICAL ATTENTION

(Must be filled out by custodial parent)

If you and the physician listed above cannot be reached in an emergency, and if the judgment of the school authorities, immediate medical and/or hospital attention is indicated, do you authorize the school authorities to send your child (properly accompanied) to the preferred or available hospital?

_____Yes

_____No

Parent/Guardian Signature _____

As a parent and/or guardian, I authorize the treatment of minor child by a qualified and licensed medical doctor in the event of a medical emergency, which in the opinion of the attending physician may endanger his/her life, cause physical disability or undue discomfort if delayed. This is granted only after reasonable effort has been made to reach me.

_____Yes

_____No

Parent/Guardian Signature _____

PHOTO & VIDEO PERMISSION FORM

St Edward Childcare Center

Child's Name: _____

Date of Birth: _____

Dear Parent/Guardian,

Throughout the year, we may take photographs and videos of the children participating in classroom activities, center events, and special projects. These images and videos may be used for:

- Classroom displays and portfolios
- Center newsletters and communications
- Center website or Center social media page
- Promotional materials for our center

Please indicate your preference below:

- **YES, I give permission for my child's photo and/or video to be taken and used for the purposes stated above.**
- **NO, I do NOT give permission for my child's photo and/or video to be taken or used.**

Parent/Guardian Name: _____

Signature: _____

Date: _____

