

# Tabernacle Christian School Childcare

## ENROLLMENT FORM

STAFF ONLY: Date Started \_\_\_\_/\_\_\_\_/\_\_\_\_

Class/Room: \_\_\_\_\_

### CHILD'S INFORMATION

Child's Full Name: \_\_\_\_\_

Name the Child Goes By: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender (Circle): Male / Female

Please Indicate:  Part-Time (2 Days or Less)

Full-Time (3 Days or More) Shirt size: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

Parent/Guardian's Name: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Cell Ph: \_\_\_\_\_ Home Ph: \_\_\_\_\_

Cell Ph: \_\_\_\_\_ Home Ph: \_\_\_\_\_

Work Place: \_\_\_\_\_

Work Place: \_\_\_\_\_

Work Ph: \_\_\_\_\_

Work Ph: \_\_\_\_\_

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

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

Church Affiliation: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

- Current Marital Status: (Circle One) Single / Married / Separated / Divorced / Remarried / Widowed
- Child Lives With: (Circle One) Both Parents / Mother Only / Father Only / Guardian / Other: \_\_\_\_\_
- Custody Of Student: (Circle One) Both Parents / Mother Only / Father Only / Grandparents / Other: \_\_\_\_\_

### AUTHORIZED STUDENT PICK UP LIST:

Name: Last \_\_\_\_\_ First \_\_\_\_\_

Name: Last \_\_\_\_\_ First \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Name: Last \_\_\_\_\_ First \_\_\_\_\_

Name: Last \_\_\_\_\_ First \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Name: Last \_\_\_\_\_ First \_\_\_\_\_

Name: Last \_\_\_\_\_ First \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

### UNAUTHORIZED STUDENT PICK UP LIST:

Please notify the school of any custody issues and provide all relevant court order paperwork.

Name: Last \_\_\_\_\_ First \_\_\_\_\_

Name: Last \_\_\_\_\_ First \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Name: Last \_\_\_\_\_ First \_\_\_\_\_

Name: Last \_\_\_\_\_ First \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

# Tabernacle Christian School Childcare

## ENROLLMENT FORM

### EMERGENCY CONTACT LIST

Please list at least two people you would like for us to contact in case of an emergency if you are not available.

Name: Last \_\_\_\_\_ First \_\_\_\_\_

Name: Last \_\_\_\_\_ First \_\_\_\_\_

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

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

Cell Ph: \_\_\_\_\_ Home Ph: \_\_\_\_\_

Cell Ph: \_\_\_\_\_ Home Ph: \_\_\_\_\_

### FAMILY MEDICAL INFORMATION

Health insurance provider: \_\_\_\_\_

Insurance policy number: \_\_\_\_\_

Hospital preferred, if a choice: \_\_\_\_\_

Name of physician to be called in case of an emergency: \_\_\_\_\_

Physician number: \_\_\_\_\_

### CHILD MEDICAL INFORMATION

List all serious medical conditions:

\_\_\_\_\_  
\_\_\_\_\_

List any medication taken on a regular basis and for what condition:

\_\_\_\_\_  
\_\_\_\_\_

Is your child allergic to any medication? Yes/No If yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_

Does your child have any food allergies? Yes/No If yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_

### PLEASE SIGN AND RETURN ENROLLMENT FORM TO THE CHILDCARE OFFICE

I agree that all the information that I have provided in this enrollment form is correct and true. I agree that it is my responsibility to keep my information updated with the childcare office if anything changes. I understand that I will need to provide the school with the most current certificate of immunization form before the first day of childcare in order to attend.

X \_\_\_\_\_  
Signature of Parent

X \_\_\_\_\_  
Signature of Parent

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

X \_\_\_\_\_  
Legal Guardian

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date