

EXTENDED CARE
Enrollment and Authorization Form
***Form needs to be filled out completely**

Name of Child _____ Date Entered Care _____

Birthdate _____ Nickname _____ Age at Entry _____

PARENT(S) OR GUARDIAN(S) CONTACT INFORMATION

Name _____ **Relationship** _____

Home Address _____ Home Phone _____

Employer/Worksite/Hours _____ Work Phone _____

Cell and/or Pager Numbers _____

Name _____ **Relationship** _____

Home Address _____ Home Phone _____

Employer/Worksite/Hours _____ Work Phone _____

Cell and/or Pager Numbers _____

We always try to contact parents first. However, we are required to have an emergency contact OTHER THAN parents. These people must also be authorized to pick up your child from the facility. Please list all phone numbers appropriate:

Name _____ **Relationship** _____

Phone Numbers _____

Name _____ **Relationship** _____

Phone Numbers _____

Other people authorized to pick up your child from extended care:

Name _____ **Relationship** _____

Name _____ **Relationship** _____

Name _____ **Relationship** _____

Name _____ **Relationship** _____

Name _____ **Relationship** _____

Name _____ **Relationship** _____

Name _____ **Relationship** _____

Name _____ **Relationship** _____

Name _____ **Relationship** _____

Name _____ **Relationship** _____