

Play School

Enrollment for Drop Off

Today's Date _____

Child's name _____ Birth date _____

Address _____

City _____ State _____ Zip code _____

Father's name _____ Can pick up child ___yes ___no

Home phone _____ Cell phone _____ Work number _____

Mother's Name _____ Can pick up child ___yes ___no

Home phone _____ Cell phone _____ Work number _____

List any allergies (food, medicine, environmental) _____

Please list any medical concerns we may need to know about (vision, hearing, speech, or other)

Emergency Contact person if parents were unable to be reached. Person must be authorized to pick up child.

Name _____ Relationship to child _____

Phone # _____ Alt Phone# _____

AUTHORIZED FOR CHECK OUT

To ensure the safety and security of your child, we will not release any child to any other person without prior notice. The Play School director must be notified, before check out, if anyone other than parents/guardian will be picking up your child. Persons picking up the child will need to be listed below, show proper identification and sign the check out form.

I, _____ (parent/guardian), authorize the following person (s) to pick up my child. I will have given prior notification to the Play School director before check out time.

Name _____ Phone # _____ Relationship to child _____

Name _____ Phone # _____ Relationship to child _____

If you have custody of your child, and have a court order for the noncustodial parent or anyone else to not have access to your child, please provide us with a copy of the court order. If we do not have a copy in your child's file, it is more difficult to help you protect your child. A court order gives us the power to protect, if we need to.

