

**Grace Christian Children's Center**  
**Child Enrollment and Authorization**

**Child Information**

Childs' Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Child's Nickname \_\_\_\_\_ M or F \_\_\_\_\_

Date Entered Care: \_\_\_\_\_ Age at Entry to Care \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Email Address \_\_\_\_\_

**ALLERGY ALERT:** Does child have allergies? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, please list: \_\_\_\_\_

\_\_\_\_\_

Child lives with:      Both parents      Mother      Father

**PARENT or GUARDIAN Contact Information**

Name (First, Last) \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address (if different than above) \_\_\_\_\_

E-mail Address \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Hours \_\_\_\_\_ Work Phone \_\_\_\_\_

Social Security Number \_\_\_\_\_

Name (First, Last) \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address (if different than above) \_\_\_\_\_

E-mail Address \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Hours \_\_\_\_\_ Work Phone \_\_\_\_\_

Social Security Number \_\_\_\_\_

**Required EMERGENCY CONTACT Information –**

Person other than parent or guardian that is authorized to pick up child

Name (First,Last) \_\_\_\_\_

Phone \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Name (First,Last) \_\_\_\_\_

Phone \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Name (First,Last) \_\_\_\_\_

Phone \_\_\_\_\_ Relationship to Child \_\_\_\_\_

**Other Children In Home**

Name (First,Last) \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Name (First,Last) \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Name (First,Last) \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Name (First,Last) \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

**Medical / Dental Contact Information**

Primary Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

Dental Provider \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Provider \_\_\_\_\_ Policy Number \_\_\_\_\_

*In an emergency, Grace Christian Children’s Center has my permission to call an ambulance, or take my child to any available physician or hospital at my expense to obtain medical treatment. In most emergencies, 911 is called and the child is transported to the nearest hospital and treated by the on-call physician. The parent or guardian of the child is notified as soon as possible.*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**My child** may be photographed for publicity or news purposes \_\_\_\_\_ on site \_\_\_\_\_ off site

Are you interested in receiving information about Grace Lutheran Church ? \_\_\_\_\_

How did you hear about us? Referred by \_\_\_\_\_ Website \_\_\_\_\_

Drive by \_\_\_\_\_ Other Source \_\_\_\_\_