



Enrollment Form

Member Number _____ Enrollment Date _____

Child's Name _____
Last First Middle

Date of Birth _____ Home Phone _____

Address _____

Allergies _____

Mother/Guardian's Name

Home Address _____

Home Phone _____ Cell Phone _____

Email Address _____

Employer _____ Work Phone _____

Employer Address _____

What is the best way to contact you while your child is here? (i.e. cell, assistant, etc) _____

Father/Guardian's Name

Home Address _____

Home Phone _____ Cell Phone _____

Email Address _____

Employer _____ Work Phone _____

Employer Address _____

What is the best way to contact you while your child is here? (i.e. pager, assistant, etc) _____

Emergency Contacts

Primary Contact (In Town)

Name _____

Relation to Child _____

Address _____

Home Phone _____ Work Phone _____

Cell Phone _____ Best method of contact? _____

Secondary Contact (In Town)

Name _____

Relation to Child _____

Address _____

Home Phone _____ Work Phone _____

Cell Phone _____ Best method of contact? _____

Tertiary Contact (Out of State)

Name _____

Relation to Child _____

Address _____

Home Phone _____ Work Phone _____

Cell Phone _____ Best method of contact? _____

Doctor _____ Phone _____

Address _____

Dentist _____ Phone _____

Address _____

Preferred Hospital _____ Phone _____

Address _____