



Child Enrollment Form

Today's Date: _____	Requested Start Date: _____
Child's Name: _____	Child's Date of Birth: _____
Home Address: _____	Child is: Male Female
_____	Parents Are: Married Engaged Divorced Single

Parent 1 Name: _____	Parent 2 Name: _____
Relationship: _____	Relationship: _____
Address: _____	Address: _____
City: _____ Zip Code: _____	City: _____ Zip Code: _____
Home Phone: _____ Cell: _____	Home Phone: _____ Cell: _____
E-Mail: _____	E-Mail: _____
Place of Employment: _____	Place of Employment: _____
Work Address: _____	Work Address: _____
Work Phone: _____	Work Phone: _____

Door Code: To maintain security at Garden Patch CLC, a door code is issued to each parent at registration. If someone other than a parent will be picking up, we ask that you let us know at the front desk and after checking ID, Garden Patch CLC will buzz them through. Below please choose your 4 digit door code. We will check availability of code.

Parent 1's Door Code: _____	Parent 2's Door Code: _____
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Pick Up Authorization/ Emergency Contacts: I give Garden Patch CLC permission to release my child to the people listed below. I understand I must notify the school in writing if there are any changes.

Name _____	Name _____	Name _____
Phone _____	Phone _____	Phone _____
Relationship _____	Relationship _____	Relationship _____
Name _____	Name _____	Name _____
Phone _____	Phone _____	Phone _____
Relationship _____	Relationship _____	Relationship _____

Transportation Authorization: During the school year, students participate in off premises, pre-planned outings. Parents will be informed of all activities. I give permission for my child to attend. **Yes/No**

Please see the back side of this form for additional information

Office Use Only

Classroom Assignment: _____ Registration and 1st week pd: _____ Check #: _____

Child's Information

Days Requested: _____

Elementary School Attended (School age children only): _____

Medical Information:

Does your child have any allergies? _____

If yes, what is the action plan for your child? _____

*An action plan from the child's physicians must be attached if an action plan is needed. Garden Patch will also need a medication form filled out prior to administering any type of rescue medication.

Does your child have any other health issue we should be aware of? _____

Consent to Contact Physician: In the event I cannot be reached to make arrangements, I hereby give my consent to

Garden Patch CLC to contact (Physician's Name) _____ (Phone) _____

(Address) _____ and, if necessary, take my child to the following
hospital _____.

Signature _____ Date _____

Rescue Medication Competency: I, (Parent's Name) _____ have determined that
Garden Patch CLC is competent to give or apply **rescue** medication to my child.

Signature _____ Date _____

Immunizations:

I (Parent's Name) _____ will provide Garden Patch with a copy of my child's
immunization records prior to my child starting with Garden Patch, the records may be faxed to us at 402-991-1519.

I do not wish to have (child's name) _____ immunized. The reason for the decision is:

Does your child have any of the following: Glasses, Hearing aids, other _____

Are there any activities your child can not participate in? _____

Please keep Garden Patch staff aware on any changes that may be helpful in regards to your child.

I certify the above information is correct to the best of my knowledge.

Signature _____ Date _____