

Child Enrollment and Authorization

Child's Name: _____ Child's Birthdate: _____

Are you a resident of Mountain Park? Yes No Primary language spoken at home: _____

Desired Schedule (circle all that apply): Mon Tues Wed Thurs Fri Half Days (8:30a-12:30p) Full Days (8a-5p)

Parent/Guardian Contact Information

Name		Relationship
Home Address		City & Zip
Email	Cell Phone	Cell Phone Provider
Employer and Work Hours		Work Phone

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Home Address		City & Zip
Email	Cell Phone	Cell Phone Provider
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Allergy & Health Information

Food Allergies or Sensitivities:	EpiPen? Y N
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External or Medication Allergies:

Health Issues / Concerns:

Potty Trained? Diapers In Training Fully Potty Trained

Required Emergency Contact Information—people other than parent or guardian that can be contacted in an emergency and/or are authorized to pick up child. At least one person listed needs to be an emergency contact.

Name	Cell Phone	<input type="checkbox"/> Lives With <input type="checkbox"/> Emergency Contact <input type="checkbox"/> Authorized to Pick-Up
Relationship	Other Phone	
Name	Cell Phone	<input type="checkbox"/> Lives With <input type="checkbox"/> Emergency Contact <input type="checkbox"/> Authorized to Pick-Up
Relationship	Other Phone	
Name	Cell Phone	<input type="checkbox"/> Lives With <input type="checkbox"/> Emergency Contact <input type="checkbox"/> Authorized to Pick-Up
Relationship	Other Phone	

Parent/Guardian Authorization

- My child** may be given non-prescribed medication, like sunscreen or diapering ointment, as indicated on the container. Any other non-prescribed medication (i.e. Benadryl; Tylenol) will not be given without contacting parents first.
- My child's** photo may be used on our social media pages and/or website.

Parent/Guardian Signature _____ Date _____