

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 Day hrs. (8:30a-12:30p) Full Day hrs. (7:30a-5:30p)
No longer than a 9 hr day is suggested

Primary Guardian(s) Contact Information

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

Allergy & Health Information

Food Allergies or Sensitivities:	EpiPen? Y / N
External or Medication Allergies:	
Health Issues / Concerns:	
Potty Trained? <input type="checkbox"/> Diapers <input type="checkbox"/> In Training <input type="checkbox"/> Fully Potty Trained	

Required Emergency Contact Information—people other than primary guardian(s) 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	Home Phone	<input type="checkbox"/> Lives With <input type="checkbox"/> Emergency Contact <input type="checkbox"/> Authorized to Pick-Up
Relationship	Cell Phone	
Name	Home Phone	<input type="checkbox"/> Lives With <input type="checkbox"/> Emergency Contact <input type="checkbox"/> Authorized to Pick-Up
Relationship	Cell Phone	
Name	Home Phone	<input type="checkbox"/> Lives With <input type="checkbox"/> Emergency Contact <input type="checkbox"/> Authorized to Pick-Up
Relationship	Cell Phone	

Primary 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.

Primary Guardian Signature _____

Date _____

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