

Grace Presbyterian Child Care Center
6671 Yale Road
Bartlett, Tennessee 38134
(901) 386-4109

EXTENDED CARE ENROLLMENT FORM

For Office Use Only
Tuition _____
Reg. Fee _____
Date _____

Child's last Name _____ First Name _____ M.I. _____ Name Called _____ Sex _____ Date of Birth _____

Mother's Name _____ Father's Name _____

Address _____ Address _____

City/State/Zip _____ City/State/Zip _____

Home Phone _____ Home Phone _____

Work Phone _____ Work Phone _____

Cell Phone or Other Number _____ Cell Phone or Other Number _____

Marital Status of Parents _____ If divorced, who has legal custody? * _____
*We will only deny a parent access to his or her child if we are presented with court issued custody papers

Religious Affiliation _____

AUTHORIZATIONS

Person(s) to contact in case of emergency should both parents be unavailable (name, address, and phone number):

Person(s) to authorized to pick up child (name and phone number):

EMERGENCY MEDICAL INFORMATION

Please list any allergies or conditions that could pose a medical emergency for your child _____

Child's Doctor (include phone number) _____

- I have received a copy of the summary of Licensing Requirements for Child Care Centers and a copy of center policies. yes no
- I certify that the immunization record is on file at the school my child attends. yes no
- Name of school: _____
- I authorize Grace Presbyterian to take my child to the above named physician or facility for medical treatment in the event of an emergency in which neither parent can be reached. yes no
- I authorize any licensed physician or medical treatment center to treat my child in case of emergency in which the above physician cannot respond. yes no
- I authorize Grace Presbyterian to transport my child to or from school or on other center sponsored activities. yes no

Custodial Parent or Guardian Signature _____

Date _____