

First Day of Enrollment _____



Last Day of Enrollment _____

****PLEASE MAKE SURE EACH SPACE IS COMPLETED****

Child's Full Name _____ Nickname _____ Sex _____ Birthdate _____
Street Address _____ City _____ State _____ Zip _____
If Child Attends School List School & Grade _____ Previous Schools/Centers _____
Allergies, Medical Information, etc. _____

Father's/Guardian Full Name _____ Phone: _____
Home Address (Street) _____
Employer: _____ Employer Phone: _____
Email Address: _____

Mother's / Guardian Full Name _____ Phone: _____
Home Address (Street) _____
Employer: _____ Employer Phone: _____
Email Address: _____

Child's Physician _____ Office Address _____ Phone _____

****EMERGENCY CONTACTS CANNOT BE PARENTS****

Emergency Contact _____ Relationship to child _____ Phone _____
Street Address _____

Emergency Contact _____ Relationship to child _____ Phone _____
Street Address _____

Persons Authorized to Pick Up Child _____
Persons NOT Authorized to Pick Up Child (Appropriate Custodial Paperwork if Parent is Not Allowed to Pick up Child) _____

PROOF OF AGE AND IDENTITY

Place of Birth _____ Birthdate _____ Birth Certificate Number _____
Date Issued _____ Date Viewed _____ Person Viewing Documentation _____
Proof of Birth Other Than Birth Certificate _____

EMERGENCY MEDICAL AUTHORIZATION

I authorize Like Arrows Learning Center to obtain immediate care and consent to emergency medical procedures upon, the hospitalization of, the performance of necessary diagnostic tests upon, the use of surgery on, and/or the administration of drugs to _____ if an emergency occurs and I cannot be located immediately.

Child's Name

It is also understood that this agreement covers only those situations which are true emergencies and only when I cannot be reached. Otherwise I expect to be notified immediately.

Parent Signature Date Director Signature Date

Registration Form Complete School Entrance Form Parent Contract Information Sheet