

Tidewater Academy Early Childhood Learning Center

ADMISSION FORM

CHILD:

Name _____ Nickname _____ Sex _____

Address _____ Home Phone _____ Birth Date _____

Previous Childcare Programs and/or Schools attended: _____

PARENTS/GUARDIAN:

Father's Name _____

Home Address _____ Home Phone _____

Place of Employment _____ Bus. Phone _____

Mother's Name _____

Home Address _____ Home Phone _____

Place of Employment _____ Bus. Phone _____

Name of Person/Agency Having Legal Custody of Child _____

EMERGENCY INFORMATION:

Physician _____

2 Persons to Contact if Parents Cannot Be Reached:

1 _____

Address _____ Phone _____

2 _____

Address _____ Phone _____

Persons Authorized to Pick Up Child _____

Person(s) **NOT** Authorized to **VISIT** or **PICK UP CHILD** _____

Allergies/Sensitivities to Food, Medication, etc. _____

*Please list actions to take in an emergency of this type on reverse side of this form.

AGREEMENTS:

- _____ 1. The Parent/Guardian gives permission for the child to go on Field Trips _____ YES _____ NO
2. The Center agrees to notify the parent/guardian whenever this child becomes ill, and the parent/guardian agrees to pick the child up thereafter as soon as possible.
3. The parent/guardian authorizes the Center to obtain immediate medical care if any emergency occurs and she/he cannot be located immediately.

SIGNATURES:

Parent/Guardian _____ Date _____

Director of Center _____ Date _____

Date Child Admitted _____ Date of Enrollment Termination _____