Little Angels Learning Center
at
First Lutheran Church

Enrollment Form

Date: ______________________

Child's Name: ____ **Date of Birth:** ________________________

Child's Home Address: ____

City/State: _____________________________ **Zip Code:** ______________________

Phone #: _____________________________________

Mother's Name: ____

Mother's Address: ____

Home Phone #: ________________________ **Cell Phone #:** ________________________

Father's Name: ____

Father's Address: ____

Home Phone #: ________________________ **Cell Phone #:** ________________________

Emergency Contact Name: _________________________________ **Phone #:** ________________________

List three people other than the child's parents who will be authorized to pick up your child. A photo ID must be presented at time of pick up.
1.___________________________ **2.** ____________________________ **3.** ____________________________

List any special problems that your child may have such as allergies, existing illnesses, previous serious illnesses, injuries and/or hospitalizations during the past 12 months, any medications prescribed for long-term continuous use, and any other information which the caregivers should be aware of:

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AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician:_______________________Address:_______________________Phone #:______________
Hospital:_____________________________Address:__________________________Phone #:______________

I give consent for the staff of Little Angels Learning Center to secure any and all necessary emergency medical care for my child.

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Signature – Parent or Legal Guardian

Little Angels Use Only
Enrollment Date:______________________ Registration Fee Paid:_______
Days of Enrollment & Time:____________________ Early Bird Drop Off:__________
Received Shot Record:____________