

CHILD ENROLLMENT FORM

Kids of Chatham Organization, Inc.
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860-267-6080 (Office)
860-267-9843 (Fax)



CHILD ENROLLMENT FORM

Child's Last, First Name
Date of Enrollment
Date of Birth
Gender (circle one): M / F
Front Door Access Code (4 digits)

1st Parent/Guardian Name
Relationship to Child
Marital Status
Home Address
Work Address
Home Address
Work Address
Home Telephone
Work Telephone
Cell / Beeper
Email address

2nd Parent/Guardian Name
Relationship to Child
Marital Status
Home Address
Work Address
Home Address
Work Address
Home Telephone
Work Telephone
Cell / Beeper
Email address

ALTERNATE EMERGENCY PICKUPS

Please provide information for at least two adults other than the child's parents/guardians. Alternates will have permission to pick up a child whenever the parents/guardians are unable to do so (parents/guardians should call the office in advance at 860-267-6080 to inform an administrator). Alternates must provide photo identification to staff when picking up. Adults not named on this form may be given one-time permission to pick up a child when appropriate written notice ("Alternate Emergency Pickup Form") is presented in advance to staff by a parent/guardian.

Name
Address
Home Telephone
Work Telephone
Relationship to child
Name
Address
Home Telephone
Work Telephone
Relationship to child
Name
Address
Home Telephone
Work Telephone
Relationship to child

EMERGENCY INFORMATION FORM

Child's Last, First Name

Physician Name

Physician Address

Insurance Plan

Physician Telephone

Insurance Number

Dentist Name

Dentist Address

Insurance Plan

Dentist Telephone

Insurance Number

Current medications _____

Allergies _____

Other health considerations _____

I give permission for my child to receive emergency medical treatment at any medical facility. My preference is _____ if the emergency allows time for my child to be taken there. I also give permission for my child to be transported by a staff member or emergency vehicle for emergency medical treatment. I also give permission for first aid to be administered to my child by an appropriately trained staff member, if needed. I know I will be called or alternate emergency contacts called if I cannot be reached, to pick up my child in case of illness or emergency.

To the best of my knowledge, the information on this form is correct. I understand that if any of this information changes, I am obligated to notify the program in writing immediately.

Parent/Guardian Signature

Date