

ENROLLMENT APPLICATION

Child's Full Name:

Age: Birth date: Male Female Child's Social Security Number:

SUMMER CAMP BEFORE & AFTER CARE REQUESTS

June 9 - June 13	<input type="checkbox"/> 7:30-9am	<input type="checkbox"/> 4-5:15pm	July 14 - July 18	<input type="checkbox"/> 7:30-9am	<input type="checkbox"/> 4-5:15pm
June 16 - June 20	<input type="checkbox"/> 7:30-9am	<input type="checkbox"/> 4-5:15pm	July 21 - July 25	<input type="checkbox"/> 7:30-9am	<input type="checkbox"/> 4-5:15pm
June 23 - June 27	<input type="checkbox"/> 7:30-9am	<input type="checkbox"/> 4-5:15pm	July 28 - Aug. 1	<input type="checkbox"/> 7:30-9am	<input type="checkbox"/> 4-5:15pm
June 30 - July 3	<input type="checkbox"/> 7:30-9am	<input type="checkbox"/> 4-5:15pm	Aug. 4 - Aug. 8	<input type="checkbox"/> 7:30-9am	<input type="checkbox"/> 4-5:15pm
July 7 - July 11	<input type="checkbox"/> 7:30-9am	<input type="checkbox"/> 4-5:15pm	Aug. 11 - Aug. 15	<input type="checkbox"/> 7:30-9am	<input type="checkbox"/> 4-5:15pm

MOTHER'S/GUARDIAN'S INFORMATION

Name: Social Security Number:

Address:

Home phone: Work phone: e-mail:

FATHER'S/GUARDIAN'S INFORMATION

Name: Social Security Number:

Address:

Home phone: Work phone: e-mail:

EMERGENCY AUTHORIZATION

Please list names of people who you authorize to take your child from the center, or who we can contact in case of an emergency if you cannot be reached. (Child will not be allowed to leave with any one without authorization from a parent or guardian).

Name	Phone	Relationship
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1.

2.

MEDICAL INFORMATION

Child's physician: Affiliated hospital:

Physician's address: Phone:

Child's dentist:

Dentist's address: Phone:

- In the event of an emergency, the Terry Campus Child Development Center has my permission to call emergency services to care for my child.
- I understand that by signing this contract, I agree to abide by all rules and regulations set forth in the CDC Parent Handbook, and are responsible for payment of Child Development Center invoices.

Parent/Guardian signature:

Date: