

Child's Personal Record

Date of Enrollment _____

Child's Full Name: _____ Birthdate: _____

Child's Address: _____ City: _____ State: _____ Zip code: _____

Mother's Name: _____ Email: _____

Mother's Address: _____ City: _____ State: _____ Zip code: _____

Home Phone #: _____ Cell Phone #: _____

Place of Employment: _____ Work Phone #: _____

Father's Name: _____ Email: _____

Father's Address: _____ City: _____ State: _____ Zip code: _____

Home Phone #: _____ Cell Phone #: _____

Place of Employment: _____ Work Phone #: _____

FULL NAMES & PHONE #S OF ALL PERSONS AUTHORIZED TO REMOVE THE CHILD FROM THE CENTER:

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

2 RESPONSIBLE FRIENDS OR RELATIVES TO CALL IF PARENTS CANNOT BE REACHED:

Full Name: _____ Relationship to child _____

Home Phone #: _____ Cell Phone #: _____

Address: _____

Full Name: _____ Relationship to child _____

Home Phone #: _____ Cell Phone #: _____

Address: _____

EMERGENCY CONTACT INFORMATION:

Hospital to be used for Emergencies: _____

Physician's Name: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Parent's Insurance Company: _____ Contract #: _____

If unavailable, another Licensed Physician may treat my child. Yes _____ No _____

Dentist to be used for Emergencies: _____

Dentist's Name: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Parent's Dental Insurance Company: _____ Contract #: _____

If unavailable, another Licensed Dentist may treat my child. Yes _____ No _____

ARRANGEMENTS:

Please write down in the space below what an average schedule looks like for you child during the day. This is very helpful for the first few days!!

Schedule:

Days of the week:	Drop off:	Pick Up:
Mondays		
Tuesdays		
Wednesdays		
Thursdays		
Fridays		

Does your child have any special dietary or medical needs? _____ Yes _____ No

If YES, explain: _____

****Allergy Information Form will also need to be filled out and kept on file.**

Authorization is hereby given to Jumping Jax Kids, LLC to obtain emergency medical or treatment in the event of an emergency, or when a parent cannot be reached or is delayed. _____ Yes _____ No

Signature of Parent/Guardian _____ Date _____

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