

Mountain Valley Child Development Center

Enrollment Form

Facility Name	Director's Name	
Child's Name	Date of Birth	Best Contact Person and Phone #
Address		
Date of admission	Hours and days child will be in care	
Parent's or Guardian's Name	Class Enrolled In	

Father's Name	Dad's Place of Employment	E-Mail Address	Work Phone: Cell Phone:
Mother's Name	Mom's Place of Employment	E-Mail Address	Work Phone: Cell Phone:
Emergency Contact Person (other than guardian)	Emergency Contact Address	Relationship	Telephone #
I hereby authorize MVCDC to allow my child to leave ONLY with the following persons. (Name, Number and Relationship)			

<p>Check all that apply:</p> <p>1. Transportation: I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give-my consent for my child to be transported and supervised: <input type="checkbox"/> on field trips <input type="checkbox"/> to and from home <input type="checkbox"/> to and from school</p> <p>2. Water Activities: I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give-my consent for my child to participate in water activities: <input type="checkbox"/> Splash pools <input type="checkbox"/> Swimming pools <input type="checkbox"/> Water sprinklers</p> <p>3. Field Trips: I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give-my consent for my child to participate in Field trips</p> <p>I acknowledge receipt of "A Parent Hand Guide to Daycare."</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Parent or Guardian Signature and Date</p>
<p>School Age Children: My child attends the following school and his/ her immunization is current and on file at the school.</p> <p>Name of School and Address _____</p> <p style="text-align: right;">School Phone # _____</p>