

**Parent Basic** *fields marked with an\* are required*

**PRIMARY PARENT/GUARDIAN**

Parent Last Name\* \_\_\_\_\_  
Parent First Name\* \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Gender:\*  Male  Female  
Race\*  Native American or Alaskan Native  Asian  White  
 African American  Native Hawaiian/Other Pacific Islander  
Ethnicity\*  Hispanic/Latino  Not Hispanic/Latino  
Address Line 1\* \_\_\_\_\_  
Address Line 2 \_\_\_\_\_  
City\* \_\_\_\_\_  
State\* \_\_\_\_\_ Zip\* \_\_\_\_\_  
Primary Phone\* \_\_\_\_\_  
Secondary Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Email\* \_\_\_\_\_  
Start Date\* \_\_\_\_\_  
Relationship to the Child\* \_\_\_\_\_  
 Emergency Contact  Authorized to Pickup  
Instructions for Reaching Contact\* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT**

Unemployed  
Occupation\* \_\_\_\_\_  
Employer Name\* \_\_\_\_\_  
Employer Address 1\* \_\_\_\_\_  
Employer Address 2 \_\_\_\_\_  
City\* \_\_\_\_\_  
State\* \_\_\_\_\_ Zip\* \_\_\_\_\_  
Main Phone\* \_\_\_\_\_

**ADDITIONAL INFORMATION**

Where Do You Need Child Care?  
\_\_\_\_\_  
When Do You Need Child Care?  
\_\_\_\_\_  
\_\_\_\_\_

Media Release

Child's Name \_\_\_\_\_

**SECONDARY PARENT/GUARDIAN**

Parent Last Name\* \_\_\_\_\_  
Parent First Name\* \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Gender:\*  Male  Female  
Race\*  Native American or Alaskan Native  Asian  White  
 African American  Native Hawaiian/Other Pacific Islander  
Ethnicity\*  Hispanic/Latino  Not Hispanic/Latino  
 Address same as Primary Parent  
Address Line 1\* \_\_\_\_\_  
Address Line 2 \_\_\_\_\_  
City\* \_\_\_\_\_  
State\* \_\_\_\_\_ Zip\* \_\_\_\_\_  
Primary Phone\* \_\_\_\_\_  
Secondary Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Email\* \_\_\_\_\_  
Relationship to the Child\* \_\_\_\_\_  
 Emergency Contact  Authorized to Pickup  
Instructions for Reaching Contact\* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT**

Unemployed  
Occupation\* \_\_\_\_\_  
Employer Name\* \_\_\_\_\_  
Employer Address 1\* \_\_\_\_\_  
Employer Address 2 \_\_\_\_\_  
City\* \_\_\_\_\_  
State\* \_\_\_\_\_ Zip\* \_\_\_\_\_  
Main Phone\* \_\_\_\_\_



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**Child Basic** fields marked with an\* are required

**CHILD MAIN**

Child Last Name\* \_\_\_\_\_

Child Middle Name\* \_\_\_\_\_

Child First Name\* \_\_\_\_\_

Date of Birth\* \_\_\_\_\_

Gender\*  Male  Female

Race\*  Native American or Alaskan Native

Asian

White

African American

Native Hawaiian/Other Pacific Islander

Ethnicity\*  Hispanic/Latino  Not Hispanic/Latino

Date of Enrollment\* \_\_\_\_\_

Full-time  Part-time

Emergency Medical Authorization Completion Date\* \_\_\_\_\_

Emergency Medical Authorization Expiration Date\* \_\_\_\_\_

I hereby give my consent to \_\_\_\_\_,  
to call a doctor or emergency medical or surgical care for my child,

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Child's Name \_\_\_\_\_

**MEDICAL INFORMATION**

Allergies\*  Yes  No

Allergy List \_\_\_\_\_

Medical Conditions\*  Yes  No

Medical Conditions List \_\_\_\_\_

Medications\*  Yes  No

Approved Medications List \_\_\_\_\_

Insurance Provider\* \_\_\_\_\_

Insurance #\* \_\_\_\_\_

**HOSPITAL**

Preferred Hospital\* \_\_\_\_\_

Address 1\* \_\_\_\_\_

Address 2 \_\_\_\_\_

City\* \_\_\_\_\_

State\* \_\_\_\_\_ Zip\* \_\_\_\_\_

Hospital Phone\* \_\_\_\_\_

**AUTHORIZATIONS**

Cot Permission (children 1-2 yrs only)

Sunscreen

TV/Video

Field Trip

Transportation

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\* Emergency/Authorized Cont'd

fields marked with an\* are required

CHILD EMERGENCY/AUTHORIZED TO PICKUP #4

Last Name\* \_\_\_\_\_

First Name\* \_\_\_\_\_

Relationship to the Child\* \_\_\_\_\_

Emergency Contact     Auth. to Pickup    DOB \_\_\_\_\_

Address Line 1\* \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City\* \_\_\_\_\_

State\* \_\_\_\_\_ Zip\* \_\_\_\_\_

Primary Phone\* \_\_\_\_\_

Secondary Phone \_\_\_\_\_

Instructions for Reaching Contact\* \_\_\_\_\_

\_\_\_\_\_

CHILD EMERGENCY/AUTHORIZED TO PICKUP #5

Last Name\* \_\_\_\_\_

First Name\* \_\_\_\_\_

Relationship to the Child\* \_\_\_\_\_

Emergency Contact     Auth. to Pickup    DOB \_\_\_\_\_

Address Line 1\* \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City\* \_\_\_\_\_

State\* \_\_\_\_\_ Zip\* \_\_\_\_\_

Primary Phone\* \_\_\_\_\_

Secondary Phone \_\_\_\_\_

Instructions for Reaching Contact\* \_\_\_\_\_

\_\_\_\_\_

Child's Name \_\_\_\_\_

CHILD EMERGENCY/AUTHORIZED TO PICKUP #6

Last Name\* \_\_\_\_\_

First Name\* \_\_\_\_\_

Relationship to the Child\* \_\_\_\_\_

Emergency Contact     Auth. to Pickup    DOB \_\_\_\_\_

Address Line 1\* \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City\* \_\_\_\_\_

State\* \_\_\_\_\_ Zip\* \_\_\_\_\_

Primary Phone\* \_\_\_\_\_

Secondary Phone \_\_\_\_\_

Instructions for Reaching Contact\* \_\_\_\_\_

\_\_\_\_\_

CHILD EMERGENCY/AUTHORIZED TO PICKUP #7

Last Name\* \_\_\_\_\_

First Name\* \_\_\_\_\_

Relationship to the Child\* \_\_\_\_\_

Emergency Contact     Auth. to Pickup    DOB \_\_\_\_\_

Address Line 1\* \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City\* \_\_\_\_\_

State\* \_\_\_\_\_ Zip\* \_\_\_\_\_

Primary Phone\* \_\_\_\_\_

Secondary Phone \_\_\_\_\_

Instructions for Reaching Contact\* \_\_\_\_\_

\_\_\_\_\_

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