

# Child Care Co-Op Enrollment

PLEASE PRINT. Complete one form for each child in care.

<b>CHILD INFORMATION</b>				
Last Name		First Name	Birthdate (mm/dd/yyyy)	Date Enrolled
Address		City	State	Zip Code
<b>PARENT OR GUARDIAN # 1</b>				
Last Name		First Name	Cell Phone Number	
Address (if different than child)		City	State	Zip Code
Email			Home Phone	Work Phone
Address (if different from child)		City	State	Zip Code
<b>PARENT OR GUARDIAN # 2</b>				
Last Name		First Name	Cell Phone Number	
Address of Employer		City	State	Zip Code
Email			Home Phone	Work Phone
Address (if different from child or parent/guardian #1)		City	State	Zip Code
<b>EMERGENCY CONTACT FOR CHILD IF PARENTS CAN'T BE REACHED</b> One Contact Required				
Last Name		First Name	Relationship and Phone Number	
Address		City	State	By checking I am authorizing this person to pick up my child <input type="checkbox"/>
Last Name		First Name	Relationship and Phone Number	
Address		City	State	By checking I am authorizing this person to pick up my child <input type="checkbox"/>
Last Name		First Name	Relationship and Phone Number	
Address		City	State	By checking I am authorizing this person to pick up my child <input type="checkbox"/>
<b>EMERGENCY INFORMATION FOR CHILD</b>				
Hospital to be used for emergencies		Physician's Name		Phone
Address		City	State	Zip Code
Dentist to be used for emergencies		Dentist's Name		Phone
				If you don't have a dentist yet for your child, check this box <input type="checkbox"/>
Address		City	State	Zip Code

Does Your Child Have Allergies

YES ☐

NO ☐

NOTE: If Yes, Complete the [Allergy Information Form](#)

## PERMISSIONS

AUTHORIZATION IS HEREBY GIVEN TO THE CHILD CARE PROVIDER AS NAMED IN THE ITEM ABOVE, TO PROVIDE TRANSPORTATION FOR MY CHILD

Yes ☐

No ☐

ANY SPECIAL TRAVEL ARRANGEMENTS

I have received a copy of the maltreatment of minors mandated reporter policy ☐

AUTHORIZATION IS HEREBY GIVEN TO THE CHILD CARE PROVIDER AS NAMED IN THE ITEM ABOVE, TO OBTAIN EMERGENCY MEDICAL CARE OR TREATMENT IN THE EVENT OF AN EMERGENCY

Yes ☐

No ☐

**AUTHORIZATION:** We the undersigner hereby agree to abide by the arrangements and authorizations so stated above. We have discussed the information required in the rule part 9502.0405

Signature of Child Care Provider

Date

Signature of Parent / Guardian

Date

Signature of Parent / Guardian

Date