

## Enrollment Form

Enrollment Date: \_\_\_\_\_

Child's Complete Name: \_\_\_\_\_

Age: Year(s) \_\_\_\_\_ Months \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_

### PERSONAL INFORMATION – MOTHER

\_\_\_\_\_  
MOTHER'S NAME

\_\_\_\_\_  
STREET

\_\_\_\_\_  
CITY STATE

\_\_\_\_\_  
HOME PHONE

\_\_\_\_\_  
PLACE OF EMPLOYMENT

\_\_\_\_\_  
STREET

\_\_\_\_\_  
CITY STATE

\_\_\_\_\_  
DAY PHONE MOBILE NO.

\_\_\_\_\_  
MOTHER'S ID NUMBER

Does child live with mother? \_\_\_ YES \_\_\_ NO

### PERSONAL INFORMATION – FATHER

\_\_\_\_\_  
FATHER'S NAME

\_\_\_\_\_  
STREET

\_\_\_\_\_  
CITY STATE

\_\_\_\_\_  
HOME PHONE

\_\_\_\_\_  
PLACE OF EMPLOYMENT

\_\_\_\_\_  
STREET

\_\_\_\_\_  
CITY STATE

\_\_\_\_\_  
DAY PHONE MOBILE NO.

\_\_\_\_\_  
FATHER'S ID NUMBER

Does child live with FATHER? \_\_\_ YES \_\_\_ NO

Child's Physician \_\_\_\_\_ Physician's Phone Number: \_\_\_\_\_

Allergies or Medical Conditions (Please provide a physician's statement regarding all allergies) \_\_\_\_\_

Does the child have any known physical problems, mental health disorders, mental retardation, or developmental disabilities which would limit the child's participation in the Centre's program and activities?: \_\_\_\_\_

If yes, please explain: \_\_\_\_\_



### Emergency Contacts

Name	Work Phone	Home Phone	Related to child
Address			
Name	Work Phone	Home Phone	Related to Child
Address			
Name	Work Phone	Home Phone	Related to Child
Address			
Name	Work Phone	Home Phone	Related to Child
Address			

### Persons Authorized to Pick-Up Child

Name	Work Phone	Home Phone	Related to Child
Address			
Name	Work Phone	Home Phone	Related to Child
Address			
Name	Work Phone	Home Phone	Related to Child
Address			
Name	Work Phone	Home Phone	Related to Child
Address			
Name	Work Phone	Home Phone	Related to Child
Address			

**Code Word:** \_\_\_\_\_

The Code Word is a word that only you and your child OR Robin's Manor Program Director knows. This word is used when an unfamiliar person picks up the child(ren), so the child(ren) knows he or she can safely go with this person. We will always require picture ID and that person must be on this list – even if they know the code word.

**Note: Any person unfamiliar to our staff will be required to show proof of identification. Under NO circumstances will the child be released to anyone other than those listed above without WRITTEN permission from the parent.**

_____ Parent / Guardian Signature	_____ Date
_____ Parent / Guardian Signature	_____ Date