

Today's Date _____

Brownstown Christian Church Daycare and Pre-School Enrollment form

Child's name _____ M__ F__ Age _____ Birthdate ___/___/___
(Last) (First) (Middle I)

Address _____
(Street) (City) (Zip) (Township)

Phone (____) _____ - _____ Phone (____) _____ - _____
(Home) (Cell)

Phone (____) _____ - _____ Phone (____) _____ - _____
(Work) (Pager)

Child/Student is living with (please check)
Both Parents _____ Mother/Stepfather _____ Mother only _____ Father/Stepmother _____
Father only _____ Relative or Guardian _____ Grandparent _____
Other _____

Family Physician _____

Phone _____

Father / Stepfather's name _____ Employer _____ Bus Phone _____ Mother Stepmother's name _____ Employer _____ Bus Phone _____ Legal Guardian's name (If applicable) _____ Employer _____ Bus Phone _____

If unable to contact parents/guardian in case of illness, injury, emergencies, or pick-ups, to whom may we release the child.

A phone number and a written note from the parent/guardian is required prior to the release of the child to anyone other than who is indicated on this form. I.D. will be required upon pick-up.

NAME	RELATIONSHIP	PHONE

Please list any known health problem, especially those which require restricted activity or special attention on the back of this form.