



STRICKLAND EXTENDED CARE ENROLLMENT FORM

Monday - Friday 3p.m. - 6p.m.

Child's Name: _____ Date of Admission: ____/____/____

Child's Address: _____, _____, TX 78____
Street Address or P. O. Box City

Child's Home Phone: (____) _____ Child's Age: _____ Date of Birth: ____/____/____

Parent's or Guardian's name: _____

Address (if different from above): _____

Days and Times of Attendance: _____

Phone numbers while child is in care of: Mother: _____ Father: _____ Guardian: _____

Name to call in an emergency (if parents cannot be reached): _____

Relationship: _____ Address: _____ Phone: (____) _____

List any special problems that your child may have, such as, allergies, existing illness, previous serious illness, injuries during the past 12 months, any medication prescribed for long-term continuous use, and any other information which staff should be aware of:

I give consent for this facility to secure any and all necessary emergency medical care for my child: _____

Signature of Parent or Legal Guardian

My child's immunization records are on file at Strickland Christian School and

I acknowledge receipt of "A Parent's Guide to Day Care": _____

Signature of Parent or Legal Guardian