



# 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" and "Parent's Right's".

Signature of Parent or Legal Guardian \_\_\_\_\_