

Grace Garden Child Development Center

Enrollment Form

Name _____ Gender _____ Birth date _____

Home Address _____ City/Zip _____

Home Phone # _____

Home Church _____ Child Baptized _____

Email Address _____

When my child is brought to Grace Garden CDC, he/she will be left with a staff member and released only to the parent(s) and/or persons listed below. Grace Garden will not release a child to anyone who is not authorized without prior parent approval. **Verification with a photo i.d. is REQUIRED.**

	Father	Mother
Name	_____	_____
TX Driver's License #	_____	_____
Employer	_____	_____
Work Phone #	_____	_____
Cell Phone #	_____	_____

EMERGENCY CONTACTS

IN CASE OF EMERGENCY AND I CANNOT BE REACHED, THE FOLLOWING PERSONS MAY BE CONTACTED:
These persons are also authorized to pick up my child(ren) from child care.

Name _____ Phone _____ Phone _____

Address _____ Relationship to Child _____ TDL# _____

Name _____ Phone _____ Phone _____

Address _____ Relationship to Child _____ TDL# _____

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the person in charge to take my child to:

Child' Physician _____ Phone _____

Address _____

Preferred Hospital for Emergency Care _____ Phone _____

ALLERGIES AND/OR SPECIAL MEDICAL CONCERNS _____

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

Parent/Guardian Signature _____ Date _____