



Broomfield 303-469-7529 • Castle Rock 303-814-3600 • Denver at Mayfair 303-825-1466 • Ft. Collins 970-377-2824
 Highlands Ranch 720-344-2500 • Parker 303-841-0200 • Smoky Hill 303-699-8410

PARENT/GUARDIAN & CHILD INFORMATION SHEET

Date of Enrollment: _____ Date of 1 Yr Review: _____ Date of 2 Yr Review: _____ Date of 3 Yr Review: _____

GENERAL INFORMATION

Parent/Guardian's Name (Last, First): _____ *Note: This parent(s) can pick up child anytime*

1st Child's Name & DOB: _____ 2nd Child's Name & DOB: _____

3rd Child's Name & DOB: _____ 4th Child's Name & DOB: _____

Main Home Phone #: _____ Main E-mail: _____

Main Home Street Address: _____ City, State, Zip: _____

MOTHER/GUARDIAN

FATHER/GUARDIAN

Place of Employment: _____
 Employment: _____

Place of _____
 Employment: _____

Work Address: _____

Work Address: _____

Work Phone #: _____

Work Phone #: _____

Home Address: _____

Home Address: _____

Home Phone #: _____

Home Phone #: _____

Pgr/Cell #: _____

Pgr/Cell #: _____

PERSONS ALLOWED TO PICK UP & EMERGENCY CONTACTS

(other than a parent, must be in-town and able to assume responsibility if parents are unavailable)

Name: _____ Name: _____

Address: _____ Address: _____

Phone #: _____ Cell/Pgr #: _____ Phone #: _____ Cell/Pgr #: _____

Any persons picking up the above children must use the correct CODE WORD: _____

MEDICAL & DENTAL INFORMATION

Physician: _____ Phone #: _____ Address: _____

Hospital of Choice: _____ Phone #: _____ Address: _____

Dentist: _____ Phone #: _____ Address: _____

Insurance Carrier & Policy #: _____

Any medical/allergy conditions to be aware of? _____ Any dietary restrictions? _____

Any special needs or problems we should be aware of? _____

I give permission for my child/toddler to rest on a mat? *YES NO* I give permission for my child to watch a PG movie? *YES NO*

I GIVE MY CONSENT FOR THE ABOVE NAMED CHILD OR CHILDREN TO RECEIVE EMERGENCY MEDICAL OR DENTAL TREATMENT IN THE CARE OF A PHYSICIAN AND/OR HOSPITAL OR CLINIC. **AND** I HAVE RECEIVED THE CENTER'S POLICIES & PROCEDURES AND WILL REVIEW THEM THOROUGHLY SO THAT I MAY UNDERSTAND THE RIGHTS AND PROTECTION OF MY CHILDREN AND THE POLICIES, PROCEDURES AND RULES OF THE CENTER.

Signature of Parent/Guardian: _____