

St. Isidore Childcare, Preschool and After School Program Enrollment for 2024-2025

Please include your \$50 Childcare Registration Fee with your forms. Make checks payable to St. Isidore Childcare.

Child's Name: _____ Date of Birth: _____ Grade: _____

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Child's Name: _____ Date of Birth: _____ Grade: _____

Enrollment Date: _____

Parent's or Guardian's Home Address and Employment Address:

FATHER (Guardian)

Name: _____

Employer: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

MOTHER (Guardian)

Name: _____

Employer: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Person(s) to whom the child(ren) may be released by the caregiver to:

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Phone: _____

Phone: _____

Person(s) who will take responsibility for the child in an emergency when the parent (guardian) cannot be reached:

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Phone: _____

Phone: _____

(OVER)

Consent to Contact Physician in Emergency:

In the event I cannot be reached to make arrangement, I hereby give my consent to St. Isidore Childcare/ After School Program Staff to contact:

Clinic:_____ Doctor:_____
Phone:_____ Address:_____

And if necessary, take my child to the following doctor(s), clinic or hospital:

Signature of Parent (Guardian):_____ Date:_____

Medication Competency Statement

I, _____ have determined St. Isidore Childcare/ After School Program Staff competent to give or apply medication to my child(ren).

Signature of Parent (Guardian):_____ Date:_____

Child(ren)'s Medical Information

Any health problems which caregiver should know:_____

Medication(s):_____

Allergies:_____

Special Concerns (Glasses, Hearing Aid, Crutches):_____

Any activities child(ren) should NOT engage in:_____

Please attach a copy of your child(ren)'s current immunizations

I certify that the above information is correct to the best of my knowledge.

Signature of Parent (Guardian):_____ Date:_____