



NATIVITY OF OUR LORD
Early Learning Center

ADMISSION AND EMERGENCY CONTACT FORM

Child's Name: _____ Birthday: _____

Parent # 1

Name: _____

Address: _____

Home #: _____ Work #: _____

Employed By: _____

Email Address: _____

Parent # 2

Name: _____

Address: _____

Home #: _____ Work #: _____

Employed By: _____

Email Address: _____

PERSONS AUTHORIZED TO TAKE CHLD FROM THE FACILITY:

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

PERSON WHO MAY NOT TAKE CHILD FROM THE CENTER:

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

IN CASE OF HEALTH EMERGENCY, CALL DOCTOR:

Name: _____ Phone: _____

Address: _____

Hospital of preference: _____

IN CASE OF DENTAL EMERGENCY, CALL DOCTOR:

Name: _____ Phone: _____

Address: _____

If you cannot be reached in an emergency, who can assume responsibility for your child:

Name: _____ Phone: _____

Address: _____

DOES YOUR CHILD HAVE ANY ALLERGIES Y _____ N _____

List all allergies: _____

The undersigned request admission for the above child and hereby agree to the tuition, policies, and procedures of The Nativity Early Learning Center. I also agree to have on file at the center, immunization records on the first day of enrollment, and a physical record.

Signature of Parent: _____

Date: _____
