

# Bethel's Blessings Childcare Enrollment Form

Today's Date: \_\_\_\_\_ Child's Birth Date (M/D/Y): \_\_\_\_\_ Male/Female: \_\_\_\_\_

Child's First Name \_\_\_\_\_ Child's Last Name \_\_\_\_\_ Child's Nickname \_\_\_\_\_

Child Lives with: \_\_\_\_\_ Both Parents \_\_\_\_\_ Single Parent \_\_\_\_\_ Grandparent \_\_\_\_\_ Blended Family \_\_\_\_\_ Foster \_\_\_\_\_ Other \_\_\_\_\_

**Guardian 1:** Relationship \_\_\_\_\_ Name \_\_\_\_\_ DOB \_\_\_\_\_

(Guardian should reflect who the child lives with)

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

D/L Number \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Email \_\_\_\_\_

**Guardian 2:** Relationship \_\_\_\_\_ Name \_\_\_\_\_ DOB \_\_\_\_\_

(Guardian should reflect who the child lives with)

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

D/L Number \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Email \_\_\_\_\_

## Emergency Contacts/Authorized to Pick up Child (besides guardians):

Relationship to Child: \_\_\_\_\_ Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Name \_\_\_\_\_ Phone \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_ Hospital \_\_\_\_\_

## Medical Insurance & Policy #

\_\_\_\_\_

Are there any health problems or conditions about which we should know? Please include any allergies, disabilities, therapies, major health issues, behavioral issues.

\_\_\_\_\_

Is your child toilet trained? (3–5-year old's must be toilet trained prior to starting Preschool.) \_\_\_\_\_

Do you attend church or Sunday school regularly? \_\_\_\_\_ Where? \_\_\_\_\_

I authorize Bethel's Blessings to provide transportation for my child to and from planned activities Yes \_\_\_\_\_ No \_\_\_\_\_

I authorize Bethel's Blessings to provide transportation and/or care for my child in an emergency situation Yes \_\_\_ No \_\_\_

My child may be photographed or videotaped for public display (news media, website, Facebook, newsletters, etc.) Yes No

I authorize the above emergency contacts to pick up my child Yes \_\_\_\_\_ No \_\_\_\_\_

Is there anyone NOT authorized to pick up your child Yes \_\_\_ No \_\_\_ If yes, whom? \_\_\_\_\_

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Daily Schedule:           Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_

Planned Schedule of Attendance: M T W TH F Date you wish to begin Childcare services: \_\_\_\_\_

I will not hold Bethel's Blessings Childcare and Preschool Ministry responsible for any illness or accidental injury to my child received when in attendance at the childcare. I authorize release of my child for emergency medical care in case of an accident while in attendance at the facility.

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Signature of Parent or Guardian

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Printed Name of Parent or Guardian