

Tuacahn ChildCare Admission Agreement

Child's Full Name	Name Child Goes by	Age	Birthdate Month/Day/Year	Gender F or M	Enrollment Date Month/Day/Year

Days and hours of care needed

	Monday	Tuesday	Wednesday	Thursday	Friday
Times	to	to	to	to	to

Home Street Address _____ City _____

State _____ Zip _____ Home Phone _____

Mother's/Guardian's Name _____ Cell _____

Email _____ Employer _____ Work Phone _____

Father's/Guardian's Name _____ Cell _____

Email _____ Employer _____ Work Phone _____

Child lives with (circle one) Both Parents Mother Father Other (Specify) _____

Emergency Contacts (Other than Parents) and Persons Authorized to Pick-Up the Child

Contact Name	Relationship to Child	Address	Phone Number
Out of Area Contact			

Persons who may **NOT** pick up the child/children (Unless there is a court order prohibiting it, parents can legally pick up their children)

Contact Name	Relationship to Child	Address	Phone Number

I understand that I am required to notify the center in advance in writing or on Brightwheel if any other person(s) other than those named above are to pick up my child from the center, and that my child will not be released until such notification is received.

I request and give my permission for my child to sleep in a swing, stroller or car-seat if they fall asleep in one.

Signature of parent or guardian _____

Family Doctor or Clinic _____ Address _____ Phone _____

In the event of an emergency or serious illness and parents cannot be reached immediately, I hereby authorize the provider to obtain emergency medical care and/or provide emergency medical transportation for my child.

Signature of Mother or guardian _____ Date _____

Signature of Father or guardian _____ Date _____