

Sacred Heart Summer Childcare Enrollment

Student's Legal Name: (Last) _____

(First) _____ (Middle) _____

Address: _____

City _____ State _____ Zip _____

Home Phone# _____

Gender: M F Date of Birth ____/____/____

Father name: _____

Home Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Place of Employment:

Work Phone: _____ Cell Phone: _____

Mother Name: _____

Home Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Place of Employment:

Work Phone: _____ Cell Phone: _____

EMERGENCY CONTACT: OTHER THAN PARENTS

Name: _____

Relationship: _____

Home Phone: _____

Work Phone: _____

Cellphone: _____

Anticipated Days/Time of Attendance

Arrival Time/ Departure time

Monday _____ / _____

Tuesday _____ / _____

Wednesday _____ / _____

Thursday _____ / _____

Friday _____ / _____

STUDENT HEALTH

Family Physician _____

Phone _____

Family Dentist _____

Phone _____

Health concerns we should know about: _____

Does student have: _____ Heart problem ___ Diabetes ___ Seizures
___ Asthma ___ Allergies _____ Other:

If yes, describe symptoms and treatment:

Does student go into shock or have trouble breathing due to allergies? _____ If yes, it is the parent's responsibility to provide the daycare with any needed medication and a medication form signed by the parent and physician.

Does student take any medications? _____

If yes, name of medication (s): _____

A signed medication form is required if daycare personnel are to give medication to the student. Giving needed medication to the student is the parent's responsibility until forms are signed.