

*Enrollment Application  
for  
The Children's Center at Mulberry*

*Please complete the enclosed application in its entirety attaching a  
copy of your child's immunization record or affidavit and  
registration fee.*

*The Children's Center at Mulberry  
Children's Enrollment Form and Emergency  
Medical Authorization*

Entrance Date

Withdrawal Date

Child's Name

Sex

Age

Birthdate

Home Address

Home Telephone Number

Father's Name/Home Address/Telephone Number, if different from child's

Place of Employment/Address of Employment/Business Number/Cell/Pager

Mother's Name/Home Address/Telephone Number, if different from child's

Place of Employment/Address of Employment/Business Number/Cell/Pager

Child's Living Arrangements:       Both Parents  Mother  Father  Other

Child's Legal Guardian(s)       Both Parents  Mother  Father  Other

The child may be released to the person(s) signing this agreement or to the following:

Name	Address	Relationship
------	---------	--------------


Persons to contact in case of an emergency when parents cannot be reached:

Name Telephone Number Relationship

---

---

---

Name of public or private school child attends, if any:

---

Child's Physician or Clinic's Name (Child's Primary Health Source)

---

Telephone Number

My child has the following special need(s): **Complete or use "NA"/"None"**

---

---

The following special accommodation(s) may be required to most effectively meet my child's needs while at this center. **Complete or use "NA"/"None"**

---

---

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns: **Complete or use "NA"/"None"**

---

---

In the event of an emergency involving my child and The Children's Center at Mulberry are unable to get in touch with me, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child.

Child's Name \_\_\_\_\_

Signature (Parent/Guardian) \_\_\_\_\_

Signature (Parent/Guardian) \_\_\_\_\_

Witness by \_\_\_\_\_ Date \_\_\_\_\_

*The Children's Center at Mulberry*  
*Parental Agreement with Child Care Facility*

The Children's Center at Mulberry agrees to provide child care for \_\_\_\_\_  
(Name of Child)  
on \_\_\_\_\_  
(Days of Week)  
\_\_\_\_\_ a.m. to \_\_\_\_\_ p.m. from \_\_\_\_\_ to \_\_\_\_\_  
Month Month

My child will participate in the following meals (circle applicable meals and snacks):

Breakfast

Lunch

Afternoon Snack

Before any medication is dispensed to my child, I will provide a written authorization, which includes: date; name of child; name of medication; prescription number; if any; dosages; date and time of day medication is to be given. Medicine will be in the original container with my child's name marked on it.

My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by parent (s), or facility personnel.

I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g., telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans and immunization records, etc.

The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child.

The Children's Center at Mulberry agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water-related activities occurring in water that is more than two (2) feet deep.

I authorize The Children's Center at Mulberry to obtain emergency medical care for my child when I am not available.

I have received a copy of and agree to abide by the policies and procedures for The Children's Center at Mulberry.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Facility Administrator/Person-In-Charge)

*The Children's Center at Mulberry  
Vehicle Emergency Medical Information*

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Father's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone/Cell/Pager \_\_\_\_\_

Mother's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone/Cell/Pager \_\_\_\_\_

Person to notify in an emergency and parents cannot be reached:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Medical facility the center uses \_\_\_\_\_

Address \_\_\_\_\_

Child's Allergies \_\_\_\_\_

Current prescribed medication \_\_\_\_\_

Child's special needs and conditions \_\_\_\_\_

In the event of an emergency involving my child and The Children's Center at Mulberry are unable to get in touch with me, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child.

Child's Name \_\_\_\_\_

Signature (Parent/Guardian) \_\_\_\_\_

Signature (Parent/Guardian) \_\_\_\_\_

Witness by \_\_\_\_\_ Date \_\_\_\_\_