Enrollment Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Days of Care Needed (Circle): M T W TH FR

Tour Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hours of Care Needed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Information**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **1st Child** | | | | | | | |
| Last Name | | | First Name | | M.I. | Nickname | |
| Entering grade | [ ] Male [ ] Female [ ] Prefer not to specify | Birth Date | | Home Address:  City: State: | | |  |

Existing medical conditions, medications and/or special attention your child may require Allergies

|  |  |  |
| --- | --- | --- |
| Pediatrician’s Name | Phone | Address |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **2nd Child** | | | | | | | |
| Last Name | | | First Name | | M.I. | Nickname | |
| Entering grade | [ ] Male [ ] Female [ ] Prefer not to specify | Birth Date | | Home Address:  City: State: | | |  |

Existing medical conditions, medications and/or special attention your child may require Allergies

|  |  |  |
| --- | --- | --- |
| Pediatrician’s Name | Phone | Address |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **3rd Child** | | | | | | | |
| Last Name | | | First Name | | M.I. | Nickname | |
| Entering grade | [ ] Male [ ] Female [ ] Prefer not to specify | Birth Date | | Home Address:  City: State: | | |  |

Existing medical conditions, medications and/or special attention your child may require Allergies

|  |  |  |
| --- | --- | --- |
| Pediatrician’s Name | Phone | Address |

|  |
| --- |
| **Photo Release** |

I give permission to post my child’s pictures on the company website, blog and social media accounts. I understand that it is my responsibility to update this form if I no longer wish to authorize the use of my child’s photo. I agree that this form will remain in effect during the term of my child’s enrollment and that there will be no payment for use of any photos.

[ ] Yes [ ] No

# **Primary Guardian Information**

*Name(s) of person(s) with whom child is living*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1st Primary Guardian** | | | | | | | | | | |
| Last Name | | First Name | | | | | M.I. | Relationship to Child | | |
| Email Address | | | Work Phone | | | | | Cell Phone | | |
| Occupation / Employer | Home Address | | | Work Address | | | | | Work Hours | |
| **2nd Primary Guardian** | | | | | | | | | | |
| Last Name | | First Name | | | | | M.I. | Relationship to Child | | |
| Email Address | | | Work Phone | | | | | Cell Phone | | |
| Occupation / Employer | Home Address | | | Work Address | | | | | Work Hours | |
|  | | | | | | | | | | |
| Which Guardian Should be Called First? | | | Home Phone | | | | | Preferred language for written communication: | | |
| Home Resident Street Address | | | | | Apt # | City | | | | Zip Code |
| Mailing Address (if diﬀerent than above) | | | | | Apt # | City | | | | Zip Code |

**Second Guardian Information**

*Non-primary custodial parent*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **1st Non-primary Guardian** | | | | | | | |
| Last Name | First Name | | | M.I. | | Relationship to Child | |
| Email Address | | Work Phone | | | | Cell Phone | |
| **2nd Non-primary Guardian** | | | | | | | |
| Last Name | First Name | | | M.I. | | Relationship to Child | |
| Email Address | | Work Phone | | | | Cell Phone | |
|  | | | | | | | |
| Which Guardian Should be Called First? | | Home Phone | | | | Should mailings be sent to this household also?  [ ] Yes [ ] No | |
| Second Household Mailing Address | | Apt # | City | | State | | Zip Code |

**Additional Comments & Information:**

# **Emergency Contact**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Contact/Pickup** | | | | |
| Last Name | | First Name | | Relationship to Child |
| Home Phone | Cell Phone | | [ ] Able to pick up all children in the family  [ ] Not able to pick up the following children: | |

Authorized Pick up

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1st Contact/Pickup** | | | | |
| Last Name | | First Name | | Relationship to Child |
| Home Phone | Cell Phone | | [ ] Able to pick up all children in the family  [ ] Not able to pick up the following children: | |
| **2nd Contact/Pickup** | | | | |
| Last Name | | First Name | | Relationship to Child |
| Home Phone | Cell Phone | | [ ] Able to pick up all children in the family  [ ] Not able to pick up the following children: | |
| **3rd Contact/Pickup** | | | | |
| Last Name | | First Name | | Relationship to Child |
| Home Phone | Cell Phone | | [ ] Able to pick up all children in the family  [ ] Not able to pick up the following children: | |

**Is there anything about your child you would like for us to know?**

**By signing below, I agree to the following:**

*I have completely read and understand the policies and procedures as outlined in the documents provided, including the discipline, tuition and all others policies set forth by Otter Learning.*

**Signature**

Parent / Guardian Signature Date