

Woodlawn Chapel MDO Enrollment

Child's Name:	Birthdate:
Street Address:	
City, State, Zip:	

Identifying Information	
A) Mother's Name:	Home Phone:
Street Address:	Cell Phone:
City, State, Zip:	
Mom's Email:	
Employer:	Hours of Employment:
Employer's Address:	Business Phone:
B) Father's Name:	Home Phone:
Street Address:	Cell Phone:
City, State, Zip:	
Dad's Email:	
Employer:	Hours of Employment:
Employer's Address:	Business Phone:
Emergency Contacts (other than parent/doctor)	
Name:	Phone:
Address:	City, State, Zip:
Person(s) authorized to take child from MDO:	
Name:	Name:

Please Select Days

<u>One Day Program:</u>	<u>Two Day Program:</u>	<u>Three Day Program:</u>	<u>Four Day Program:</u>
M: _____	M/W: _____	M/T/Th: _____	M/T/W/Th: _____
T: _____	T/Th: _____	M/T/W: _____	
W: _____		M/W/Th: _____	
Th: _____		T/W/Th: _____	

Admission Date: _____

Authorization for Emergency Medical Care	
Physician and Preferred Hospital To Be Used In An Emergency	
Doctors Name	Telephone
Preferred Hospital	Telephone
Agreements	
A. I have been informed of the required health and safety inspections and that the inspections forms are available for review.	
B. When my child is sick, I understand and agree that my child may not be accepted for care.	
Parent/Legal Guardian Signature	
Health Report for School Age Child	
Child's Health History and Current Health Problems	
Any allergies, special medical conditions, including chronic health problems – please list	
Any special medications and/or restrictions	
This certifies that my child is to my knowledge I good health and free of disabilities that would endanger his/her or other children in day care.	
Parent/Legal Guardian Signature	Date

