

Atlanta C-3 Hornet Club Enrollment Form

Please Complete Back

Child's Name		Sex	Birthdate
Address (Street, City, State, Zip Code)		Home Phone Number	
Identifying Information			
Mother's or Guardian's Name		Home Phone Number if not the same	
Address if not the same as child's		Cell Phone Number	
Employed by		Business Phone Number	
Father's or Guardian's Name		Home Phone Number if not the same	
Address if not the same as child's		Cell Phone Number	
Employed by		Business Phone Number	
Emergency Contacts (Other than Parent or Doctor) At least one required			
Name		Relationship	Phone Number
Address (Street, City, State, Zip Code)		Cell Phone Number	
Name		Relationship	Phone Number
Address (Street, City, State, Zip Code)		Cell Phone Number	
Persons Authorized to take child from the Child Care Facility			
Name		Relationship	Phone Number
			Cell Phone Number
Name		Relationship	Phone Number
			Cell Phone Number
Comments on Child's Development			
(Note Allergies, Habits, Special Language, Etc.)			

Account balance information can be emailed to you. If you would like email notifications, please provide your email address below:

EMAIL ADDRESS: _____

Authorization For Emergency Medical Care

I understand that I will be notified at once in case of accident or illness to my child, and I will make arrangements for medical care of my child with the physician or hospital of my choice.

If I cannot be reached to make necessary arrangements, or in a critical emergency requiring medical care, I hereby authorize **Atlanta C-3 Program** to care for my child.

To Contact Doctor/Clinic

Name	Phone Number
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Address (Street, City, State, Zip Code)

For Emergency Medical Treatment Of My Child, My Preferred Hospital Is

Name	Phone Number
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Address (Street, City, State, Zip Code)

Agreements

I have received a copy of this facilities policies and procedures pertaining to admission, care and discharge of children.

Parent or Legal Guardian Signature	Date
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Health Report-Child's Health History and Current Health Problems

Any Allergies, Special Medical Conditions, Including Chronic Health Problems

Any Special Medications And/Or Restrictions

This certifies that my child is, to my knowledge, in good health and free from disabilities that would endanger him/her or other children in the program.

Parent or Legal Guardian Signature	Date
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Atlanta C-3 Hornet Club Program
600 South Atterberry Street
Atlanta, MO 63530
Courtney Garnett-Program Coordinator
660-239-4211

