

# Smart Toddlers Enrollment Form

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ M F

Residing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Parent's Relationship to Each Other Married Divorced Separated Single

*(If divorced, a copy of the Divorce Decree noting guardianship, days of visitation, etc. must accompany this form.)*

Child lives with (please check all that apply):

Mother and Father Mother Father Other \_\_\_\_\_

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

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Driver's License \_\_\_\_\_

Work Phone \_\_\_\_\_ Mobile/Pager \_\_\_\_\_

E-mail Address \_\_\_\_\_

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

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Driver's License \_\_\_\_\_

Work Phone \_\_\_\_\_ Mobile/Pager \_\_\_\_\_

E-mail Address \_\_\_\_\_

Family religious preference (optional) \_\_\_\_\_

Church membership (optional) \_\_\_\_\_

## Release of Child

I authorize that my child \_\_\_\_\_, be released by Smart Toddlers to the following persons. **Please also re-enter parents who are authorized as well.**

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Phone \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Phone \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Phone \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Phone \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

Special Notation: \_\_\_\_\_

**List at least one local person who will be available to assume responsibility for your child in an emergency if parents cannot be reached.**

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Phone \_\_\_\_\_ Driver's License \_\_\_\_\_

Work Phone \_\_\_\_\_ Mobile/Pager \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Phone \_\_\_\_\_ Driver's License \_\_\_\_\_

Work Phone \_\_\_\_\_ Mobile/Pager \_\_\_\_\_

Emergency Permission: In the event of an emergency, if no one with parental authority can be reached, I give permission for Smart Toddlers owners, to act on my behalf in securing necessary medical treatment. I will be responsible for any expense that may be incurred.

Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

Group ID \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_

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

Doctor \_\_\_\_\_ Hospital \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City, State \_\_\_\_\_

Allergies \_\_\_\_\_

Special Instructions \_\_\_\_\_

**I give consent for any and all treatment deemed necessary by the attending physician.**

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

**For Office Use Only**

Date of Enrollment \_\_\_\_\_  Fall Program  Summer Program

Registration Fee \_\_\_\_\_ Check # \_\_\_\_\_

New  Current  Sibling  Atlanta Friends Meeting or Atlanta Friends School Member