

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