



# Ashland Child Development Center

A Public, Non-Profit, Educational Agency

## School Age Program

OFFICE USE ONLY	
Enrollment Date	_____
Class or Group	_____
Fin Agree on File	_____
Food Form	_____
Orig. Reg. Fee Paid	_____
Medical Complete	_____
Weekly or Bi-Weekly	_____

### GENERAL INFORMATION

Name of Student: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Age as of October 1: \_\_\_\_\_

Parents:  Married  Divorced  Separated

Father's Name \_\_\_\_\_ Place of Employment \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Mother's Name \_\_\_\_\_ Place of Employment \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

If neither mother or father can be reached in case of emergency, please list who may be called or may pick up:

Name	Address	Relationship	Phone No.

I found out about ACDC from:  a friend  newspaper  mail  T.V.  other \_\_\_\_\_

Name of child's doctor: \_\_\_\_\_ Phone \_\_\_\_\_

Name of child's dentist: \_\_\_\_\_ Phone \_\_\_\_\_

If emergency medical care is necessary, I give you permission for any treatment deemed necessary by a physician and/or hospital of your choice.

Who is authorized to pick up your child other than the enrolling parent?

Name	Address	Relationship	Phone No.

- I hereby grant permission for my child to participate in all center activities, including transportation to and from school. I also grant permission to use photographs of my child.
- I hereby release, indemnify and hold harmless Ashland Child Development and its staff from any loss or damage to toys, clothes or other personal articles.
- I hereby release, indemnify and hold you, your agents and employees harmless from any and all claims, damages or other liabilities for injuries to or damage by my child which are not a result of gross negligence by Ashland Child Development, its agents or employees.
- I hereby warrant to Ashland Child Development that I am entitled to legal custody and possession of my child, and accordingly am authorized to place my child in your care and custody, and am further authorized to sign this enrollment form.

\_\_\_\_\_ Date

\_\_\_\_\_ Parent or Guardian's Signature