



Ashland Child Development Center

A Public, Non-Profit, Educational Agency

Toddler, and Preschool Programs

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

