



Enrollment Form

Child's name: _____

Boy _____ Girl _____

What name do they prefer to be called? _____

Date they were born _____ Present age _____

Address _____

Parents or Guardian _____

Home Phone _____ Cell Phone(s) _____

We send a great deal of information by email. May we have your email address to send you newsletters, updates, etc. about our program? If you do not have an email, we will of course supply you with a paper copy.

Email Address _____

Mother's Employer _____ Work Phone _____

Father's Employer _____ Work Phone _____

Does your child have any allergies that we should be aware of? If so, please list:

Whom should we contact in case of an emergency? Please list name(s) and phone

number(s): _____

Your child's pediatrician _____ Phone Number _____

Your child's safety is our main priority. At dismissal time, we will only allow your child to leave with his or her parents or another previously authorized adult. Is there anyone other than yourself that you give permission for your child to be released to? Please make sure they know that their I.D. will be required. We ask that any needed changes to dismissal information be made in writing.

Name _____ Phone Number _____

Name _____ Phone Number _____

I give my consent to TLC Learning to release my child into the custody of the individuals listed above.

Parent or Guardian's Signature _____ Date _____