



The Global Child

2021-2022 Enrollment Form

Child Information

Child's Name: _____ Date of Birth: _____

Home Address: _____

Child's Allergies: _____

Does your child have an Emergency/Individualized Care Plan? Yes No

Parent Information

For emergency purposes, the licensing division of the Office of Early Childhood mandates that all of the following information is provided in full. Any of the information that is not applicable, should be noted with N/A.

Mother's Name: _____ Father's Name: _____

Home Address: _____ Home Address: _____

Home Phone: () _____ Home Phone: () _____

Cell Phone: () _____ Cell Phone: () _____

Work Phone: () _____ Work Phone: () _____

Workplace: _____ Workplace: _____

Work Address: _____ Work Address: _____

Email Address: _____ Email Address: _____

For Staff Use:

Child's Anticipated Schedule:	MON	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> FD	TUE	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> FD	WED	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> FD	THU	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> FD	FRI	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> FD
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Anticipated Enrollment Date: _____



Child Release

For a child's safety, The Global Child will only release a child to a parent/legal guardian or to the third parties authorized below. At least two people other than the parents/guardians must be listed and designated as emergency contacts by checking the corresponding boxes. Emergency contacts will be contacted if parents/guardians cannot be reached. If the person picking up is not listed below, The Global Child must be notified in writing and with advance notice. Photo identification will be required if the third party does not pick up the child regularly or is unknown to the staff member releasing the child.

Name: _____	Relationship: _____	
Home Phone: () _____	Work Phone: () _____	Cell Phone: () _____
Contact in the event of an emergency?	<input type="checkbox"/>	
Name: _____	Relationship: _____	
Home Phone: () _____	Work Phone: () _____	Cell Phone: () _____
Contact in the event of an emergency?	<input type="checkbox"/>	
Name: _____	Relationship: _____	
Home Phone: () _____	Work Phone: () _____	Cell Phone: () _____
Contact in the event of an emergency?	<input type="checkbox"/>	
Name: _____	Relationship: _____	
Home Phone: () _____	Work Phone: () _____	Cell Phone: () _____
Contact in the event of an emergency?	<input type="checkbox"/>	
Name: _____	Relationship: _____	
Home Phone: () _____	Work Phone: () _____	Cell Phone: () _____
Contact in the event of an emergency?	<input type="checkbox"/>	
Name: _____	Relationship: _____	
Home Phone: () _____	Work Phone: () _____	Cell Phone: () _____
Contact in the event of an emergency?	<input type="checkbox"/>	



Emergency Medical Care

Physician Name: _____ Phone: () _____

Insurance Carrier: _____ Membership ID: _____

Dentist Name: _____ Phone: () _____

Insurance Carrier: _____ Membership ID: _____

I give permission for trained staff to administer first aid and/or CPR if deemed necessary.

Parent Signature: _____ Date: _____

Printed Name: _____

I give The Global Child permission to contact the above named physician if my child has a medical emergency. I understand that if my child's physician is not available another physician may be contacted on an emergency basis. I give my approval for any transfer of records.

Parent Signature: _____ Date: _____

Printed Name: _____

I give my permission for the staff to accompany my child to the nearest emergency room for medical treatment in the event that I cannot be contacted or if ample time is not available to await my arrival. I understand that my child will be transported by an emergency vehicle and the expense will be mine.

Parent Signature: _____ Date: _____

Printed Name: _____



Authorizations

I give permission for my child to attend field trips and walks supervised by school staff.

Parent Signature: _____ Date: _____

Printed Name: _____

I give permission for my child to be photographed and/ or videotaped in projects related to the classroom.

Parent Signature: _____ Date: _____

Printed Name: _____

I give permission for my child to be photographed and/ or videotaped for publicity for the school without compensation. This includes, but is not limited to, posts to social media networks such as The Global Child website or Facebook page, brochures, or flyers for special events.

Parent Signature: _____ Date: _____

Printed Name: _____

I consent to receive information including, but not limited to, daily reports, newsletters, alerts, school notes, and other information related to The Global Child via electronic transmission (email, text messages, etc...).

Parent Signature: _____ Date: _____

Printed Name: _____

I consent to share and receive information with educational and social service agencies for the purpose of continuity of services for my child.

Parent Signature: _____ Date: _____

Printed Name: _____

How did you hear about The Global Child? _____

If referred by a friend, please let us know whom we can thank! _____