

THE CHILDREN'S CENTER OF NEW MILFORD, INC.

11A Aspetuck Avenue
New Milford, CT 06776

ENROLLMENT FORM

Enrollment date: _____ Group: _____ Registration Fee: \$65.00 (non-refundable)

Hours/times: _____ Days: _____

Child's Name: _____ Date of Birth: _____ Sex: _____

Address: _____ Home Phone: _____

Email Address: _____ Cell Phone: _____

Child lives with: Both Parents: _____ Mother: _____ Father: _____ Other: _____

Mother's Name: _____ Employer: _____

Employer's Address: _____ Phone: _____

Father's name: _____ Employer: _____

Employer's Address: _____ Phone: _____

Other Children in Family: Name: _____ Birthdate: _____ Sex: _____
Name: _____ Birthdate: _____ Sex: _____

Does your child have any special needs (i.e. diet, allergies, physical limitations, etc.) If so, please explain:

Has your child ever been stung by a bee/wasp? _____ Demonstrated a reaction? _____

In case of emergency, list other persons responsible for your child, other than yourself, who are also authorized to pick up the child. Need **AT LEAST** 2 people within 20 minutes of the Center:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

1. My child may participate in all health activities in which vision and hearing tests are given as part of the school program at no cost to me. YES _____ NO _____
2. Any photograph taken of my child may be used in newspaper display, bulletin boards or other types of publications. YES _____ NO _____
3. My child may accompany his/her class on all scheduled field trips. YES _____ NO _____
4. I authorize the release of my child to be transported to public school from The Children's Center (if applicable).
5. I authorize that The Children's Center staff, as well as the Health Consultant/Public Health Nurse, may have access to my child's health record.
6. I authorize the release of my child's name, my name, and our address and phone number for distribution to other parents for the purpose of class lists, birthday parties, etc. YES _____ NO _____
7. I am interested in volunteering in some capacity. YES _____ NO _____

Signature of Parent or Guardian