

OFFICE USE ONLY:
DATE OF ENROLLMENT

TODAY'S DATE _____
DATE CHILDCARE IS DESIRED _____

OUR HOUSE AT THE PINNACLE, INC.
ENROLLMENT RECORD

1. CHILD'S NAME _____ BIRTHDAY _____
NAME BY WHICH CHILD IS OFTEN CALLED _____
SOCIAL SECURITY NUMBER _____
HOME ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
2. MOTHER OR GUARDIAN'S NAME _____
ADDRESS (IF DIFFERENT FROM CHILD'S) _____
PLACE OF EMPLOYMENT _____ WORK PHONE _____
E-MAIL ADDRESS _____ CELL PHONE _____
3. FATHER OR GUARDIAN'S NAME _____
ADDRESS (IF DIFFERENT FROM CHILD) _____
PLACE OF EMPLOYMENT _____ WORK PHONE _____
E-MAIL ADDRESS _____ CELL PHONE _____
4. PREFERRED METHOD FOR CONTACTING PARENTS _____

5. IF NEITHER PARENT OR GUARDIAN CAN BE REACHED, IN CASE OF AN
EMERGENCY CALL _____ PHONE _____
RELATIONSHIP TO CHILD _____
5. CHILD'S DOCTOR _____ PHONE _____
PREFERRED HOSPITAL _____
10. ALLERGIES (DETAILED AS POSSIBLE) _____
EPI PEN ___ YES ___ NO

CHILD RELEASE

I GIVE MY CONSENT FOR MY CHILD _____
TO BE RELEASED TO THE FOLLOWING PERSONS IN THE EVENT I AM UNABLE TO
PICK HIM/HER PERSONALLY.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

