



**Googols of Learning Child Development Center
After School Program at Wakarusa Valley
Enrollment Form**

Child's Full Name: _____ Nickname if any: _____

M_____F_____ Date of Birth: _____

Home Address: _____ Home Phone: _____

Mother/Guardian's Name: _____ Cell Phone # _____

Mother/Guardian's work: _____ Work number: _____

Father/Guardian's Name: _____ Cell Phone # _____

Father/Guardian's work: _____ Work number: _____

Mother's Driver's License # _____ Father's Driver's License # _____

Are parents Single, Married, Divorced, Separated? Do both parents live in the home? _____

If you are divorced please describe the custody and visitation agreement for your child(ren). You may attach another sheet of paper if needed or a copy of court documents.

Names of siblings and their ages:

People that Googols of Learning can contact if you cannot be reached in an emergency:
Name _____ Phone _____ Relationship _____
Name _____ Phone _____ Relationship _____
Name _____ Phone _____ Relationship _____

People that Googols of Learning can release your child to in the event that you cannot pick them up.
NOTE: It is assumed that the emergency contacts above are also acceptable for pickup.

Name _____ Phone _____ Relationship _____
Name _____ Phone _____ Relationship _____
Name _____ Phone _____ Relationship _____

Please list any allergies that your child has:

Does your child regularly take any medications? _____ Please describe below. Does your child self-medicate? If so, please describe:

Appropriate medication authorization forms must be on file.

Describe your child's overall health: _____

Please list your child's physician: _____ Phone and address: _____

Child's Dentist _____ Phone and address: _____

Hospital you would want your child transported to in case of an emergency _____

Primary Health Insurance Carrier _____ Policy # _____

If there is anything else you would like us to know, please write that information on the space provided or feel free to schedule a time to discuss this information with our program director.

Days of the week that your child will need care:

Enrollment will begin on: _____ Ended on: _____

I attest my child is an enrolled student at Wakarusa Valley Elementary and attends class between Kindergarten and 6th grade.

Parent's Signature

Program Director's Signature

Googols of Learning enrolls children without regard to race, color, religion, sex, national origin, or any other legally protected area.