

**Edu-Care Enrollment and Medical Emergency Form**

Child's Legal Name:

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

**Name you wish your child to be called – ie: Lizzie (instead of Elizabeth):** \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth (M/D/Y) \_\_\_\_\_

Mother \_\_\_\_\_ Father \_\_\_\_\_

Mother's Address \_\_\_\_\_

Father's Address \_\_\_\_\_  
(if different)

Mother's Home Phone \_\_\_\_\_ Father's Home Phone \_\_\_\_\_  
(if different)

Mother's Cell \_\_\_\_\_ Father's Cell \_\_\_\_\_

Mother's Work # \_\_\_\_\_ Father's Work # \_\_\_\_\_  
Extension \_\_\_\_\_ Extension \_\_\_\_\_

Mother's Employer/School \_\_\_\_\_ Father's Employer/School \_\_\_\_\_

Mother's Email \_\_\_\_\_ Father's Email \_\_\_\_\_

Marital Status (please check) Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_

The child currently lives with: Name \_\_\_\_\_  
Address \_\_\_\_\_  
Relationship \_\_\_\_\_

Siblings

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

**Special Instructions (i.e. allergies)**

**For Emergency: If the parent/s is/are not available, please contact and release my child to:**

Name \_\_\_\_\_ Relation to Child \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Relation to Child \_\_\_\_\_ Phone \_\_\_\_\_

**Medical Emergency Information**

Physician of Choice \_\_\_\_\_ Office Phone \_\_\_\_\_

Hospital of Choice \_\_\_\_\_ Hospital Phone \_\_\_\_\_

**I hereby give my permission to the Edu-Care Center to obtain the services of the indicated physician or hospital in case the named child suffers illness or accident and the parent/s cannot be reached. We will do our best to honor that request. However, if it is a major emergency, we will seek care at the closest hospital.**

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_