



Enrollment and Authorization Form 2011/2012

Child's Information:

Last name	First Name	Middle Name	Preferred Name
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Gender (M/F)	Birth Date	Preferred Enrollment Date
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Preferred Number of Attendance Days/ Week	Top 3 Preferred Weekly Schedules
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Current School and Grade Level

Siblings and Birth Dates

Parent or Guardian Information:

Parent or Guardian Circle one: Father Mother Stepmother Stepfather Grandparent
Other:

Last Name First Name Middle Name Preferred Name

Home Phone Work Phone Cell Phone

Full Address

Preferred E-mail Employer

Parent or Guardian Circle One: Father Mother Stepmother Stepfather Grandparent
Other:

Last Name First Name Middle Name Preferred Name

Home Phone Work Phone Cell Phone

Full Address

Preferred E-mail Employer

Child's Previous School(s)

If applicable, please indicate if there is a parent custodial plan in place.

River Song School will adhere to this plan. Explain plan here:

REQUIRED EMERGENCY INFORMATION

We will ALWAYS try to contact parents first.

However, we are required to have an emergency contact OTHER THAN PARENTS. These people are also authorized to pick up your child from the facility. Please list all phone number appropriate:

Name_____Relationship_____

Phone_____/_____/_____

Name_____Relationship_____

Phone_____/_____/_____

Name_____Relationship_____

Phone_____/_____/_____

NON-EMERGENCY CONTACT INFORMATION

Please list other that you authorize to pick up child in non-emergency situations:

Name_____Relationship_____

Phone_____/_____/_____

Name_____Relationship_____

Phone_____/_____/_____

Name_____Relationship_____

Phone_____/_____/_____

MEDICAL/DENTAL INFORMATION

Insurance Information and Provider (if applicable) _____

Primary Medical Provider _____Phone_____

Primary Dental Provider _____Phone_____

Health and Allergy Issues:

My Signature gives permission for the following:

In an emergency, River Song School has my permission to call an ambulance or to take my child to any available physician or hospital at my expense and to obtain medical treatment for my child. In most emergencies, 911 is called and child is transported to nearest hospital and seen by Doctor on call. (Parents are always notified immediately)

Please list any restrictions to permission:_____

My child may be given non-prescribed medication as indicated on the container, including sunscreen, children's pain reliever, and antibacterial first aid cream. Syrup of ipecac may be administered if deemed necessary by the poison control operator. **(We will contact parents prior to administering non-prescription pain relievers. Prescription medications must be current and require permission slips for each medication).**

My child may be taken on neighborhood walking excursions, under required supervision.

Parent/Guardian signature _____ Date_____

During you and your child’s time at River Song School, these forms will be updated regularly to keep the most current information and emergency contacts for your child. Please do not hesitate to make as many changes as possible to fit you and your family’s needs and desires.

To help us meet you and your child’s needs, you have already provided us with valuable information on your application form. In addition to those answers, please answer the following questions as completely as possible, using additional pages if necessary. Many of these questions are required by the State Child Care Division. All answers are strictly confidential and are used to provide the best possible experience for you and your child. **Thank you.**

Please tell some more specifics about your child:

Please give any information concerning your child which will assist us in providing the best care for your child:

Play_____

Eating habits and
schedule_____

Sleeping habits and
schedule_____

Toileting habits and
schedule_____

Fears_____

Likes and
dislikes_____

Calming and Soothing
Techniques_____

Other:_____

Parent Signature and Date

Parent Signature and Date

Please e-mail: riversongschool@live.com Questions: 541.647.2739

River Song School does not discriminate against any child on the basis of race, religion, color, national origin, gender, marital status of parent or because of a need for special care

 THANK YOU 

