

# Meadow Brook Child Development Center

## Admission Form

Child's name \_\_\_\_\_

Child's address \_\_\_\_\_

Birth date \_\_\_\_\_ Sex \_\_\_\_\_ Phone number \_\_\_\_\_

Mother or legal guardian \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

Mother's employer \_\_\_\_\_ Business Phone \_\_\_\_\_

Father or legal guardian \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

Father's employer \_\_\_\_\_ Business Phone \_\_\_\_\_

Parent's marital status Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_

If divorced, who has legal custody? \_\_\_\_\_

May the non-custodial parent pick up the child? \_\_\_\_\_

If no, please supply court documentation.

Child's physician \_\_\_\_\_ Phone \_\_\_\_\_

Physician's address \_\_\_\_\_

Child's Health Insurance Company \_\_\_\_\_ Policy no. \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone \_\_\_\_\_

2 Emergency contacts (not parents or legal guardians)

Name \_\_\_\_\_ Full Street Address \_\_\_\_\_ Phone \_\_\_\_\_  
(No P.O. Boxes)

Name \_\_\_\_\_ Full Street Address \_\_\_\_\_ Phone \_\_\_\_\_  
(No P.O. Boxes)

Persons Authorized to pick up child \_\_\_\_\_

Persons NOT AUTHORIZED to pick up child \_\_\_\_\_

Special dietary/medical needs (health problems) or allergies \_\_\_\_\_

Grade level \_\_\_\_\_ School \_\_\_\_\_

Approximate Arrival Time \_\_\_\_\_ Approximate Departure Time \_\_\_\_\_

Days of the week child plans to attend (please circle) M T W R F

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Child starting on: \_\_\_\_\_, 20\_\_\_\_