

Springing Up CDC Enrollment Form

Date	_____
Received	_____
Check#	_____
Initials	_____

Child's Full Name _____
 Child's Address _____
 Child's Birthdate _____ Male/Female _____ Start Date _____

Parent Name (Guardian, or Legal Custodian)		Parent Name (Guardian, or Legal Custodian)	
Home Phone		Home Phone	
Work Phone		Work Phone	
Cell Phone		Cell Phone	
Email Address		Email Address	
Home Address		Home Address	
Employer		Employer	
Employer Address		Employer Address	
Work Schedule		Work Schedule	
Additional Phone Number		Additional Phone Number	

(Maximum daily hours at Springing Up are no more than 10 Hours)

Proposed Arrival/Departure Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday
Time In					
Time Out					

I understand and approve all medical treatment and transportation necessary in case of accident or illness involving my child. If I cannot be reached, the person to reach in case of an emergency is:

Name _____ Relation _____
 Address _____
 Phone Numbers _____ Additional No. _____

Doctor's Name _____ Number _____
 Address _____
 Hospital to be used in case of an emergency _____ Number _____
 Address _____

Names and Relation of those authorized to take child from facility

Name	Relation

 Parent or Legal Guardian's Signature

 Date

 Parent or Legal Guardian's Signature

 Date