

## Coosa Christian Day Care Enrollment Form

**Child's Name:** \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Social Sec. #: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Phone \_\_\_\_\_

**Name of Father:** \_\_\_\_\_ Social Sec. \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone \_\_\_\_\_  
Employer: \_\_\_\_\_  
Phone \_\_\_\_\_

**Name of Mother:** \_\_\_\_\_ Social Sec. \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone \_\_\_\_\_  
Employer: \_\_\_\_\_  
Phone \_\_\_\_\_

Other Phone Numbers where parents may be reached:

\_\_\_\_\_

**Emergency Contacts:** (Please list in order of preference)

**Name Relationship Phone**

- 1.) \_\_\_\_\_
- 2.) \_\_\_\_\_
- 3.) \_\_\_\_\_
- 4.) \_\_\_\_\_
- 5.) \_\_\_\_\_

**Persons who may pick up child:**

**Name Relationship DL#**

- 1.) \_\_\_\_\_
- 2.) \_\_\_\_\_
- 3.) \_\_\_\_\_
- 4.) \_\_\_\_\_
- 5.) \_\_\_\_\_

**I give permission for my child to participate in: (circle yes or no and sign)**

Activities away from the facility: yes no \_\_\_\_\_

Transportation provided by the facility: yes no \_\_\_\_\_

Swimming /wading activities: yes no \_\_\_\_\_

**Describe any special needs or instructions .(allergies, physical needs, etc.)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parental Custody**

Parents/Guardians- Marital Status \_\_\_\_\_ single \_\_\_\_\_ married \_\_\_\_\_ divorced

Parent with legal custody: \_\_\_\_\_

Child resides with: \_\_\_\_\_

Anyone not allowed to pick up child: (must be accompanied by court papers)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Religious Affiliation:**

\_\_\_\_\_

**Child's Physician:** Phone # \_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\*

**For office use:**

Director's Signature: \_\_\_\_\_

Date enrolled: \_\_\_\_\_

2.

**Coosa Christian Day Care**

**Pre-Admission Check List**

Dear Parents,

We need the following information for your child's permanent records. These need to be turned in before your child may attend.

\_\_\_\_\_ Immunization Form (Blue Card)

\_\_\_\_\_ Student Information Sheet

\_\_\_\_\_ Copy of Social Security Card

\_\_\_\_\_ Copy of Birth Certificate

\_\_\_\_\_ Copy of Insurance Card

\_\_\_\_\_ Parent Handbook Signature Sheet

\_\_\_\_\_ Form of Affidavit  
\_\_\_\_\_ Child's Medical Report

Thank you for your cooperation. Please contact us if you have any questions.

Sincerely,

**Michelle Myrick**

Mrs. Michelle Myrick  
Director Director  
CrossPoint Campus  
256-456-0595