
Mother or Legal Guardian's Name

Home Address (if different from child's) Zip code

Home Phone Cell Phone Email

Employer Hours

Work Address Zip code

Work phone

Father or Legal Guardian's Name

Home Address (if different from child's) Zip code

Home Phone Cell Phone Email

Employer Hours

Work Address Zip code

Work phone

Part 3 - Release and Emergency:

Release Authorization:

Other person(s) (at least one) to whom East Cobb Prep is authorized to release this child, in addition to the child's custodial parent(s) / legal guardian(s):

1. _____
Name Relationship to child

Relationship to parent Address

Phone Cell Other identifying information, if any

2. _____
Name Relationship to child

Relationship to parent Address

Phone Cell Other identifying information, if any

Emergency:

Other persons (at least two) who East Cobb Prep is authorized to contact for guidance in an emergency, such as a medical or other emergency, when the child's parents are unavailable:

1. _____
Name Telephone Number

2. _____
Name Telephone Number

3. _____
Name Telephone Numbr

Name of public or private school child attends, if any: _____

Physician:

Child's Doctor or Clinic Name _____

Doctor/Clinic Phone Number _____

Part 4 - Health Information, Procedures, and Medical Authorization:

Health:

In order to comply with the state law, it is necessary for the parent to supply East Cobb Prep with an immunization report or a signed affidavit against such screenings, and current health screening form. Regular updated reports will be required as they are due.

Describe known allergies or other physical problems, mental health disorders, mental retardation, or developmental disabilities which would limit your child's participation in East Cobb Prep's program and activities: _____

Describe medications your child is taking prescribed for long-term continuous use:

Describe any special procedures be followed in caring for your child, including any special needs services which East Cobb Prep has agreed to provide to your child:

Medical Authorization:

EMERGENCY MEDICAL AUTHORIZATION

Should (child's name) _____ Date of birth _____
suffer an injury or illness while in the care of East Cobb Prep and the facility is unable to contact
me (us) immediately, it shall be authorized to secure such medical attention and care for the child
as may be necessary. I (We) shall assume responsibility for payment for services.

Parent/Guardian: _____
Signature

Date: _____

Facility Administrator/Person-In-Charge: _____
Signature

Date: _____

Please check the appropriate box below.

My child will be attending the following program (please see price list for a description of each program):

- Full Day 5 Day/week program
- Full Day 3 Day/week program (Monday, Wednesday, Friday only)
- Full Day 2 Day/week program (Tuesday, Thursday only)
- Before School Care for School-Ager (5-12 yrs. old)
- After School Care for School-Ager (5-12 yrs. old)
- Before and After School Care for School-Ager (5-12 yrs. old)

Signature (Parent/Guardian) _____ **Date** _____

If there will be additional children attending, please fill out a separate enrollment form per child.
Thank You!