



## Child Enrollment

**DESIRED START DATE:** \_\_\_\_\_

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Child's full name: \_\_\_\_\_ Expected or Birth date: \_\_\_\_\_

Parents/Guardian Name \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Parents/Guardian Name \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Address: \_\_\_\_\_

City State Zip

Mothers Work \_\_\_\_\_ Occupation: \_\_\_\_\_ Work phone: \_\_\_\_\_

Mothers E-mail: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Fathers Work: \_\_\_\_\_ Occupation: \_\_\_\_\_

Fathers E-mail: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

**Extreme Aventura staff will get a copy of your child's/children's immunization record. MUST NOTIFY Extreme Aventura teacher once your child gets immunizations after September 1, \_\_\_\_\_.**

***\*\*If there are any custody arrangements, please attach a copy of any pertinent legal documents if not on file.***

### Enrollment and Scheduling Information

Please indicate the hour and days of school and care needed

| Days of the week                 | Monday                        | Tuesday                       | Wednesday                     | Thursday                      | Friday                        |
|----------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| Hours of Care _____ hours a week | From: ____ am<br>To: _____ pm | From: ____ am<br>To: _____ pm | From: ____ am<br>To: _____ pm | From: ____ am<br>To: _____ pm | From: ____ am<br>To: _____ pm |

Extreme Aventura Spanish Center will staff our center based on this schedule. Please provide the most accurate information possible.

### Release Form

The following people are authorized to pick up \_\_\_\_\_

Name of person authorized to pick up \_\_\_\_\_ Child's Name

Name: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_ ID on file YES NO

Name: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_ ID on file YES NO

**\*\*\*\* Every time you have someone picking up your child that we do not know we need parents to notify us first before we release child. Must have copy of a government ID to identify persons picking up child with parent authorization must be on file or they need to message on brightwheel, time of pick up and persons full name. \*\*\*\***



**Emergency Information**

Medical Insurance Company \_\_\_\_\_ Policy/Medicaid# \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_ Group Number \_\_\_\_\_

Name of insured \_\_\_\_\_ Insured last 4 Social Security # \_\_\_\_\_

Family or child's doctor \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Child Dentist: \_\_\_\_\_ Phone #(\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Hospital prefer: St Lukes Address: Downtown Boise

**Tell us about your child. Will you breast feed. How long will use bottle or pacifier. When do you think on potty training. Once you baby is born share your schedule with us so that we may follow it or you can follow our center schedule.**



Once your baby is born share your schedule with us so that we may follow it or you can follow our center schedule.

A large, empty rectangular box with a thin black border, intended for the parent/guardian to write their schedule.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_