

**EXTENDED CARE**  
**Enrollment and Authorization Form**  
**\*Form needs to be filled out completely**

Name of Child \_\_\_\_\_ Date Entered Care \_\_\_\_\_

Birthdate \_\_\_\_\_ Nickname \_\_\_\_\_ Age at Entry \_\_\_\_\_

**PARENT(S) OR GUARDIAN(S) CONTACT INFORMATION**

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Employer/Worksite/Hours \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell and/or Pager Numbers \_\_\_\_\_

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Employer/Worksite/Hours \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell and/or Pager Numbers \_\_\_\_\_

**We always try to contact parents first. However, we are required to have an emergency contact OTHER THAN parents. These people must also be authorized to pick up your child from the facility. Please list all phone numbers appropriate:**

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

Phone Numbers \_\_\_\_\_

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

Phone Numbers \_\_\_\_\_

**Other people authorized to pick up your child from extended care:**

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

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**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_