

Monkey Mountain Child Admission Agreement

Name of Child	Nickname	Birthdate Month/Day/Year	Sex/Gender	Enrollment Date <small>Check the box if no longer enrolled</small>
		___/___/___	<input type="checkbox"/> Male <input type="checkbox"/> Female	___/___/___ <input type="checkbox"/>
		___/___/___	<input type="checkbox"/> Male <input type="checkbox"/> Female	___/___/___ <input type="checkbox"/>
		___/___/___	<input type="checkbox"/> Male <input type="checkbox"/> Female	___/___/___ <input type="checkbox"/>

Home Street Address _____ Phone # _____

City _____ State _____ Zip _____

Mother's/Guardian's Name _____ Phone # _____

Employer _____ Work Phone # _____

Father's/Guardian's Name _____ Phone # _____

Employer _____ Work Phone # _____

Emergency Contacts (Other than Parents) and Persons Authorized to Pick-Up the Child/ren

(Unless there is a court order prohibiting it, parents whose names are not listed can pick up their children)

Name	Relationship to Child	Address	Phone #

- Check if there are no emergency contacts available other than parents
 Check if there are no persons authorized to pick up the child other than parents

Illnesses or Medical Conditions:

Does your child have any of the following?

	NO	YES		NO	YES
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Developmental Delays	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Physical Impairment	<input type="checkbox"/>	<input type="checkbox"/>
Seizures	<input type="checkbox"/>	<input type="checkbox"/>	Behavioral or Emotional Problems	<input type="checkbox"/>	<input type="checkbox"/>
Heart Problems	<input type="checkbox"/>	<input type="checkbox"/>	Allergies (if yes, what?)	<input type="checkbox"/>	<input type="checkbox"/>
Hearing Impairment	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Visual Impairment	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>

List any additional health information or special instructions you feel we need to be aware of:

Check if you certify that my child's immunizations are current.

Signature of Parent or Guardian

___/___/___
Date

In case of emergency or serious illness, when parents cannot be reached immediately, I hereby authorize the provider to obtain emergency medical care and/or provide emergency medical transportation for my child.

Signature of Parent or Guardian

___/___/___
Date