

ESUMC Early Childhood Program
Enrollment Application

Name of Child _____ Birth date _____

Address _____ (Last) _____ (First) _____ Zip Code _____

Email Address (please print clearly) _____

Family Information:

Father/Guardian Name _____ Home Phone _____

Address _____ Zip Code _____

Employer _____ Work Phone _____

Nature of Business _____ Cell Phone _____

Mother/Guardian Name _____ Home Phone _____

Address _____ Zip Code _____

Employer _____ Work Phone _____

Nature of Business _____ Cell Phone _____

Child Information

Please list any allergies, medications, or treatments your child receives:

My child's immunizations are up to date. Yes _____ No _____ Please contact the director to discuss this if answering no.

Emergency Information

Child's Doctor _____ Phone _____

Child's Dentist _____ Phone _____

Hospital Preference _____

If family members listed above cannot be reached in case of an emergency, list **at least three** persons that we may contact.

Name _____ Phone # (s) _____

Name _____ Phone # (s) _____

Name _____ Phone # (s) _____

Please list names of people to whom your child can be released:

I agree that the Director, Assistant Director, or Designee may authorize the physician of his/her choice to provide emergency care in the event that neither parent nor the family physician can be contacted immediately.

Parent/Guardian Signature _____ Date _____