



## CHILD CARE ENROLLMENT FORM

**Parent/Guardian Name (Please Print):** \_\_\_\_\_

Child 1		Birth Date	
Child 2		Birth Date	
Child 3		Birth Date	
Child 4		Birth Date	
Child 5		Birth Date	

**Street Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**Children's Doctor:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Children's Dentist:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**PLEASE LIST AND HEALTH CONCERNS OR SPECIAL NEEDS YOUR CHILD MAY HAVE SO WE CAN BETTER ASSIST THEM WHILE IN OUR CARE:**

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**IN CASE OF EMERGENCY LIST PERSONS AUTHORIZED TO TAKE RESPONSIBILITY FOR YOUR CHILD.**

MOTHER		PHONE	
FATHER		PHONE	
NAME/RELATION		PHONE	
NAME/RELATION		PHONE	

I authorize Insight Health and Fitness Center and its employees to obtain medical treatment in an emergency for the above named children, in the event that I can not be reached or if I am delayed. I have read and understand the Child Care Policies. I release Insight Health and Fitness Center of any responsibility, except for negligence, or any situation that might arise while the above named children are at this center.

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_