



Enrollment Date: \_\_\_\_\_

Tour Date: \_\_\_\_\_

Days of Care Needed (Circle): M T W TH FR

Hours of Care Needed: \_\_\_\_\_

## Student Information

### 1st Child

Last Name	First Name	M.I.	Nickname
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Entering grade	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to specify	Birth Date	Birth City/State City: _____ State: _____
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Existing medical conditions, medications and/or special attention your child may require

Allergies

Pediatrician's Name	Phone	Address
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### 2nd Child

Last Name	First Name	M.I.	Nickname
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Entering grade	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to specify	Birth Date	Birth City/State City: _____ State: _____
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Existing medical conditions, medications and/or special attention your child may require

Allergies

Pediatrician's Name	Phone	Address
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### 3rd Child

Last Name	First Name	M.I.	Nickname
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Entering grade	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to specify	Birth Date	Birth City/State City: _____ State: _____
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Existing medical conditions, medications and/or special attention your child may require

Allergies

Pediatrician's Name	Phone	Address
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### Photo Release

I give permission to post my child's pictures on the company website, blog and social media accounts. I understand that it is my responsibility to update this form if I no longer wish to authorize the use of my child's photo. I agree that this form will remain in effect during the term of my child's enrollment and that there will be no payment for use of any photos.

Yes  No

### Primary Guardian Information

Name(s) of person(s) with whom child is living

<b>1st Primary Guardian</b>			
Last Name	First Name	M.I.	Relationship to Child
Email Address	Work Phone		Cell Phone
Occupation	Employer	Work Address	Work Hours
<b>2nd Primary Guardian</b>			
Last Name	First Name	M.I.	Relationship to Child
Email Address	Work Phone		Cell Phone
Occupation	Employer	Work Address	Work Hours
Which Guardian Should be Called First?		Home Phone	Preferred language for written communication:
Home Resident Street Address		Apt #	City
Mailing Address (if different than above)		Apt #	City
			Zip Code
			Zip Code

### Second Guardian Information

Non-primary custodial parent

<b>1st Non-primary Guardian</b>			
Last Name	First Name	M.I.	Relationship to Child
Email Address	Work Phone		Cell Phone
<b>2nd Non-primary Guardian</b>			
Last Name	First Name	M.I.	Relationship to Child
Email Address	Work Phone		Cell Phone
Which Guardian Should be Called First?		Home Phone	Should mailings be sent to this household also? [ ] Yes [ ] No
Second Household Mailing Address		Apt #	City
			State
			Zip Code

**Additional Comments & Information:** \_\_\_\_\_

\_\_\_\_\_

## Emergency Contacts and Authorized Pickups

1st Contact/Pickup				
Last Name		First Name		Relationship to Child
Home Phone	Cell Phone	<input type="checkbox"/> Able to pick up all children in the family <input type="checkbox"/> Not able to pick up the following children: _____		

  

2nd Contact/Pickup				
Last Name		First Name		Relationship to Child
Home Phone	Cell Phone	<input type="checkbox"/> Able to pick up all children in the family <input type="checkbox"/> Not able to pick up the following children: _____		

  

3rd Contact/Pickup				
Last Name		First Name		Relationship to Child
Home Phone	Cell Phone	<input type="checkbox"/> Able to pick up all children in the family <input type="checkbox"/> Not able to pick up the following children: _____		

### Is there anything about your child you would like for us to know?

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### How did you hear about us?

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### By signing below, I agree to the following:

*I have completely read and understand the policies and procedures as outlined in the documents provided, including the discipline, tuition and all others policies set forth by Otter Learning.*

## Signature

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

\_\_\_\_\_  
Date