



JEC ENROLLMENT and HEALTH FORM

Section 1-Student & Family Information

Child's Name: _____ First Date of Attendance: _____
Date of Birth: _____ (Please note next to the phone number, call order preference)
Parent/Guardian Name: _____ Phone Number: _____
Family Street address: _____ Work Phone: _____
City: _____ State: _____ Zip: _____ Email Address: _____

Alternate Family Information:

Parent/Guardian Name: _____ Phone Number: _____
Family Street address: _____ Work Phone: _____
City: _____ State: _____ Zip: _____ Email Address: _____

Names and ages of all those in the household: _____

Section 2-Authorization for Emergencies:

Please list 3 emergency contacts authorized to take child from the program

Name: _____ Name: _____ Name: _____
Cell: _____ Cell: _____ Cell: _____
Relation: _____ Relation: _____ Relation: _____

List Medical Contact, In case of an emergencies

Physician: _____ Dentist: _____ Other: _____
Phone: _____ Phone: _____ Phone: _____

Sign to Grant permission to provide first aid & transportation to emergency care facilities;

Signature: _____

Date: _____

If you do not want your child to be transported to an emergency care facility or provided first aid, describe procedures to follow:

Section 3- Child Health Information

Child's Medical/Health Needs

Child's Allergies/Treatment Plan

Child's Dietary Needs/Restrictions

Child's Medications: A Medication form must be completed for **each** medication administered while in the program

Additional Comments and Information

Is there any other information that would be helpful to our management and teaching staff?

Signature:

Date: