



HAPPY DAYS CHILD CARE CENTER

STUDENT INFORMATION

Last name

First name

Middle name

Birthdate

Enrollment date

Persons Permitted To Remove Child

Mother	Father	Guardian
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Legal Custody

Mother	Father	Guardian
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PARENTS OR GUARDIAN INFORMATION

Last name

First name

Relationship

Address

City

State & Zip

Home phone

Cell phone

Work phone

Employer

PIN # (5 digit)

Last name

First name

Relationship

Address

City

State & Zip

Home phone

Cell phone

Work phone

Employer

PIN # (5 digit)

OTHER EMERGENCY CONTACTS ALSO AUTHORIZED TO REMOVE CHILD FROM FACILITY

Name

Relationship

Home phone

Work phone

Cell phone

PIN # (5 digit)

Name

Relationship

Home phone

Work phone

Cell phone

PIN # (5 digit)

Name

Relationship

Home phone

Work phone

Cell phone

PIN # (5 digit)

Name

Relationship

Home phone

Work phone

Cell phone

PIN # (5 digit)

MEDICAL INFORMATION

Doctor

Phone #

Allergies

Medical problems

Signature

Date

Driver's License Number