



**FIO360 Children's Enrollment Form**

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Entrance Date

Withdrawal Date

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Child's Name

Sex

Age

Birthdate

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Home Address

Home Telephone Number

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Father's Name/Home Address/Telephone Number, If different from child's

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Place of Employment/Address of Employment/Business Number

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Mother's Name/Home Address/Telephone Number, If different from child's

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Place of Employment/Address of Employment/Business Number

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Child's Living Arrangements:       Both Parents    Mother    Father    Other

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Child's Legal Guardian(s)       Both Parents    Mother    Father    Other

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The child may be released to the person(s) signing this agreement or to the following:

Name

Address

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Persons to contact in case of an emergency when parents cannot be reached:

Name

Telephone Number

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Name of public or private school child attends, if any:

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Child's Physician or Clinic's Name (Child's Primary Health Source)

Telephone Number

My child has the following special need(s):

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The following special accommodation(s) may be required to most effectively meet my child's needs while at this center.

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My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns:

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Signature (Parent/Guardian) \_\_\_\_\_ Date \_\_\_\_\_