

SUNSHINE CHILD CARE & LEARNING CENTER

ENROLLMENT APPLICATION

Child's Name _____ Date of Birth _____ Grade in Sept. _____
Home Address _____
City _____ Zip Code _____ Home Phone _____

MOTHER/LEGAL GUARDIAN

Name _____ Work Phone _____ Cell Phone _____

FATHER/LEGAL GUARDIAN

Name _____ Work Phone _____ Cell Phone _____

EMERGENCY CONTACT/PERSONS AUTHORIZED TO PICK-UP THE CHILD FROM THE CENTER (Other than parents)

Name _____	Relationship _____	Phone _____
Name _____	Relationship _____	Phone _____
Name _____	Relationship _____	Phone _____
Name _____	Relationship _____	Phone _____

CONSENT FOR MEDICAL TREATMENT

I (we) the undersigned parent, parents or legal guardian of _____, a minor, do hereby authorize and consent to any X-ray examination, anesthetic, medication or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act or a Dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

This authorization is given pursuant to the provisions of section 25.8 of the Civil Code of California. It is understood that the resulting expenses will be the responsibility of the parent(s) or participant(s). The consent shall remain effective as long as my child is enrolled in the Sunshine Child Care & Learning Center/Sunshine Day Camp Inc. Programs.

List any restrictions _____ Last Tetanus Booster Shot _____
Allergies to Drugs or Foods _____
Any Special Medications or Pertinent Information _____

Name of Physician _____	Phone _____	Address _____
Name of Dentist _____	Phone _____	Address _____
Insurance Carrier/Plan Name _____	Policy Number _____	
Name of Insured _____	Expiration of Policy _____	

I am enrolling my child into the Sunshine Child Care & Learning Center/Sunshine Day Camp Inc. program. I agree to abide by all policies set forth in the Summer Camp Brochure & Summer Camp Registration materials.

Yes, I have received the attached "Enrollment Agreement", "Contract and Consent Form", for Summer Camp 2009 and I agree and will follow all of the policies included within these forms

Mother's Signature _____ Date _____
Father's Signature _____ Date _____

Admittance to our programs will be denied if this form is incomplete