



A year-round enrichment program for your preschooler
Parent's Morning Out Program - 919-835-1577 - 2501 Clark Ave. Raleigh, NC 27607

2010-2011 Application for Enrollment

Child's Name _____ Birth Date _____

Family Information

Mother/ Guardian _____ Father/ Guardian _____

Address _____ City/ Zip _____

Home Phone _____ Cell phone(s) _____

Employment _____ Work Phone(s) _____

Email Address _____

Religious Preference _____

Sibling(s) _____

Class requested:

_____M/W 1's* _____M/W 2's _____M-Th 3's _____M-Th 4's

_____T/Th 1's* _____T/Th 2's

_____M-Th 1's* _____M-Th 2's

* Ones must be walking when they begin PMO.

Information about Child

Does your child have any known allergies? ____ No ____ Yes

Please explain _____

Please provide any information that would help our staff know your child better and make their class experience a positive one (ie. Play, eating, sleeping habits, fears, likes, dislikes). _____

Child's Doctor / Practice _____

Address _____ Phone _____

Hospital Preference _____

If either mother or father can't be reached, who can we call in case of emergency?
(Please list at least 2)

Name	Home Phone	Work Phone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If your child is ill, which parent should be contacted first? _____

If you cannot pick up your child, list persons to whom the child can be released. _____

Is there someone who may never pick up your child? _____

(A copy of the court order must be kept in your child's file.)

I agree that the operator or assigned designee may authorize the physician of his/her choice to provide emergency care in the event that neither I nor the child's physician can be contacted immediately.

(Signature of Parent)

(Date)

