



Blessings Abound

ANNUAL ENROLLMENT RECORD

Child's Name _____ Sex _____ DOB _____

Address _____ Phone _____

School Attending _____ Phone _____

Father _____ Employer _____

Work Phone _____ Cell/Page _____

E-mail _____

Mother _____ Employer _____

Work Phone _____ Cell/Page _____

E-mail _____

Emergency Contact:

Name _____ Address _____

Phone _____ Relationship _____

Physician: _____ Phone _____

EMERGENCY AUTHORIZATION

I/we _____ hereby give permission to _____ to administer emergency first aid, contact emergency dispatch, contact physicians, authorize ambulance, and obtain all emergency treatment deemed necessary in the sole discretion of the care giver for my minor child/ren _____.

I/we also give permission for our minor child/ren to depart regular care premises as necessary/ desirable either on foot or by vehicle.

I/we further agree to hold harmless all parties acting in good faith for any and all acts except negligence. We hereby acknowledge and accept full financial responsibility for all medical treatments, transportation, and hospitalization incurred by our minor child/ren and will duly compensate all agencies involved.

Father/Guardian

Mother/Guardian

SUBSCRIBED AND SWORN BEFORE ME THIS ____ DAY OF _____, _____.

Signature Notary

My commission expires _____

