

Garden Daycare SF

Enrollment Application Waitlist Form

Child's Name _____ Birth date _____
Nicknames _____ Sex ____ Age ____
Address _____ City _____ State ____
Zip _____

Parent 1 _____ Place of employment _____
Home Phone _____ Work Phone _____ Mobile Phone _____

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Home Phone _____ Work Phone _____ Mobile Phone _____

Sibling Name _____ Age ____
Sibling Name _____ Age ____
Sibling Name _____ Age ____

Has your child(ren) Previously Attended Daycare? Yes No
If yes, where? _____

Why did you leave? _____

Do both parents live at home? Yes No

What language is spoken at home? _____

Medical Consent Form (Required)

As the parent or guardian, I hereby give consent to **Garden Daycare SF** to provide all emergency medical or dental care prescribed by a duly licensed Physician (M.D.), Osteopath (D.O.) or Dentist (D.D.S.) for my child _____. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of the child named above.

Do you consent for Emergency Medical Treatment? Yes No

In an emergency situation, my child will be taken to hospital _____ by an ambulance. Parents / Guardians understand you are responsible for all emergency transportation charges.

Photography Consent Form (Optional)

I agree to allow my child to be photographed at Garden Daycare SF for the purpose of evaluation or promotion of their program.

Yes No

Parent Signature

Date

* If a parent or any other person is prohibited by a restraining order or custody arrangement from picking up or having contact enrolled in Garden Daycare SF, a copy of the legal documents must be on file with in the daycare.