

**CHILDREN'S ENRICHMENT CENTER
2010-2011 Release Form**



I, _____ request that the Children's Enrichment Center enroll my child, _____, in their program. My child will attend CEC on _____ (days) from _____ until _____. My child's first day of school will be on ____/____/_____.

Parent's Signature

Emergency Medical Authorization

Name of Physician _____ Tel# _____

Address of Physician _____

Name of preferred hospital

Address of hospital

**** In the event that immediate care is needed, CEC will call EMS.**

Names and telephone numbers of persons who would assume responsibility for your child in case of emergency when CEC is unable to contact parents:

Name _____ Relationship _____ Tel# _____

Name _____ Relationship _____ Tel# _____

Release

I understand that I must leave my child in the presence of a staff member and notify a staff member of my child's departure. My child may be released to one of the following persons (please list all persons who may pick up your child including both parents). In the event that I need another individual to pick up my child, I will give written or verbal notice to the teacher and the office personnel.

Name _____ Relationship _____ Tel# _____

Name _____ Relationship _____ Tel# _____

Name _____ Relationship _____ Tel# _____

Name _____ Relationship _____ Tel# _____

Name _____ Relationship _____ Tel# _____

I am aware that the Director and teachers are available for individual conferences during my child's enrollment and that any problem or occurrence which affects my child will be brought to my attention. I understand that I will be notified of any serious communicable disease at the school.

Parent's Names _____

Parent's Signature/Date