

THE CHILDREN'S PLACE

Phone 698-5403 or 394-3974

P.O. Box SS-6219

Email Address –thechildrensplacebahamas@gmail.com

Registration date

ENROLLMENT FORM

Child's Name: _____ M ___ F ___ Date of Birth: _____

Home Address: _____ Home Phone _____ P.O. Box _____

Current School: _____

Mother's Name: _____ Cell Number: _____

Email Address: _____

Home Address: _____ Home Phone: _____

Employed by: _____ Address: _____

Work # _____ Work Email _____

Fathers Name: _____ Cell Number: _____

Email Address: _____

Home Address: _____ Home Phone: _____

Employed by: _____ Address: _____

Work # _____ Work Email _____

In an emergency situation when no parent(s) can be contacted, the following person(s) should be contacted.

Name: _____ Relationship: _____

Phone Numbers: _____ Cell _____ Work _____ Home

Name: _____ Relationship: _____

Phone Numbers: _____

Please list two other persons who are authorized to collect your child from The Childrens Place.

1.) Name _____ Phone Numbers _____

2.) Name _____ Phone Numbers _____

Childs Physician: _____ Phone Numbers _____

Childs Dentist: _____ Phone Numbers _____

In case of emergency my child should be transported by ambulance to:

_____ Hospital –Address _____

Is your child on any medication? _____ If so , please list all and instructions for administration of same.

Please attach ALL Insurance information. Please list all medical conditions/allergies:

In the event NONE of the parents or listed emergency contacts can be reached, I _____

(Relationship) _____ hereby give The Children’s Place permission to obtain whatever medical care is deemed necessary for my child.

My child X (is) X (is not) physically fit for outdoor/indoor physical education/outdoor play activities.

I _____ do/do not give permission for my child to be transported in a vehicle to special activities off The Children’s Place property.

I _____ do/do not give permission for my child to be photographed for educational and/or public purposes relative to the enrichment of The Children’s Place.

Parents Signature: _____ Date _____

Parents Signature: _____ Date _____