

BUTTERFLY HOUSE ENROLLMENT: EMERGENCY INFORMATION

Child _____ Birthdate _____

Mother _____

Address _____

Home Phone _____ Cell _____ Work _____

Place of Employment _____

Address of Employment _____

Father _____

Address _____

Home Phone _____ Cell _____ Work _____

Place of Employment _____

Address of Employment _____

Persons who may pick up my child and/or be contacted in an emergency:

Name	Relationship	Phone
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of Doctor _____ Phone _____

Name of Dentist _____ Phone _____

I give the staff of Butterfly House permission to obtain emergency treatment for my child, _____.

I give the staff of Butterfly House permission to call an ambulance or transport my child, _____ for emergency medical treatment if the deem necessary.

Parent Signature _____ Date _____

BUTTERFLY HOUSE ENROLLMENT: APPLICATION

Child _____ Birthdate _____

Has your child been enrolled in a preschool/child care program previously? If yes, when and where? _____

How would you describe your child's temperament? _____

What are your child's favorite activities? _____

Does your child have any special needs your would like us to be aware of? _____

Does your child have any allergies? If yes, how are they treated? _____

Are there any special situations in your child's life you would like us to be aware of? _____

Anything else you would like us to know about your child and/or family? _____

Parent Signature _____ Date _____

BUTTERFLY HOUSE ENROLLMENT: PARENT HANDBOOK FORM

I _____ have been given a copy of The Butterfly House Early Learning Center Parent Handbook. I agree to review and to abide by its policies during the time that my child is enrolled in the program. I understand that failure to abide by the policies in the Parent Handbook may be cause for disenrollment in the program.

Parent _____ Date _____

Lauren Peterson, Director _____ Date _____