

# LIFT ENROLLMENT FORM

Grade \_\_\_\_\_ Enroll. Date \_\_\_\_\_

## Parent Information:

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Street Address \_\_\_\_\_ Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_

Cell # \_\_\_\_\_ Cell # \_\_\_\_\_

E-mail \_\_\_\_\_ E-mail \_\_\_\_\_

Child's Living Arrangements: Both Parents Mother Father Other (Specify) \_\_\_\_\_

Who is the child's Legal Guardian? \_\_\_\_\_

## Child Information:

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

## Authorization for Emergency Medical Attention:

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Facility \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

I give consent for the facility to secure any and all necessary emergency medical care for my child.

Signature – Parent or Legal Guardian \_\_\_\_\_

List any special problems that your child may have; such as allergies, existing illness, previous serious illness, disabilities, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregiver's should be aware of:

\_\_\_\_\_  
\_\_\_\_\_

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**Emergency Contact Information**

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Persons to contact in case of an emergency when the parent(s) cannot be reached:

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Name \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

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Name \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

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Name \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

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**Authorized Pick Up Information**

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I hereby authorize Lift to allow my child to leave the premises ONLY with the following persons. Please list name and telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.

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Name \_\_\_\_\_ Phone # \_\_\_\_\_

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Name \_\_\_\_\_ Phone # \_\_\_\_\_

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Name \_\_\_\_\_ Phone # \_\_\_\_\_

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Who may **NOT** pick up the child ?

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**School Age Children:**

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My child attends the following school:

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My child's immunization record is on file at the school and all required immunizations and/or tuberculosis test are current. Vision and hearing screening records are also on file.

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**Other Authorizations**

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I have received and read a copy of the current Lift Parent Handbook, including the Discipline & Guidance Policy, and agree to abide with the policies and procedures established therein.

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I hereby give permission for images of my child, captured during regular and special activities through video and photographs, to be used solely for the purposes of promoting Lift through flyers, publications, and/or web site.

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Signature of Parent or Legal Guardian:

Date

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