

NUMCECC CHILD ENROLLMENT RECORD
1605 West 106th Ave. Northglenn, CO 80234

Child's Name _____ Nickname _____ Gender ____ Birthday _____

Home Address _____ City _____ Zipcode _____

Home Phone (if applicable) _____ Child resides with Mom: ____ Dad: ____ other: ____

Mother/Guardian's Name _____ Cell Phone _____

Address (if different from child) _____ City _____ Zipcode _____

Employer/ Address _____ work number _____

Father/Guardian's Name _____ Cell Phone _____

Address (if different from child) _____ City _____ Zipcode _____

Employer/Address _____ work number _____

EMERGENCY CONTACT (allowed to make medical decisions if parents cannot be contacted & authorized to drop/pick up)

Name _____ Relationship to child: _____

Home Phone _____ Work Phone _____ Cell Phone _____

Address _____ City _____ Zipcode _____

AUTHORIZED TO DROP OFF AND PICK UP (other than parents)

#1 Name _____ Relationship to child: _____

Home Phone _____ Work Phone _____ Cell Phone _____

Address _____ City _____ Zipcode _____

#2 Name _____ Relationship to child: _____

Home Phone _____ Work Phone _____ Cell Phone _____

Address _____ City _____ Zipcode _____

#3 Name _____ Relationship to child: _____

Home Phone _____ Work Phone _____ Cell Phone _____


Address _____ City _____ Zipcode _____

WHO IS NOT AUTHORIZED TO PICK UP YOUR CHILD FROM SCHOOL

#1 Name _____ Relationship to child: _____

Home Phone _____ Work Phone _____ Cell Phone _____

Address _____ City _____ Zipcode _____

See other side 

MEDICAL RECORD

EMERGENCY MEDICAL CONSENT FORM

Northglenn United Methodist Church Early Childhood Center has my permission to obtain emergency medical treatment for my child, _____ when I cannot be reached or if a delay in reaching me would be dangerous for my child. I understand that I assume all financial responsibility for any treatment or injuries sustained by my child while he/she is in the care of the preschool.

Parent/Guardian printed name: _____

Signature of Parent or Guardian: _____

Date _____

My insurance provider is _____

My child's medical record number is _____

Child's Physician's Name _____ Phone Number _____

Address _____ City _____ Zipcode _____

Dentist Name _____ Phone Number _____

Address _____ City _____ Zipcode _____

Allergies: _____

Current Medications:

Medical Conditions:

Special Information:

Preferred hospital/treatment center _____

Address: _____ City _____ Zipcode _____