

Cate Early Learning Center Enrollment and Release Form

Child's Name _____

Date of Birth _____

Date of Enrollment _____

Parent/Guardian _____

Cell Phone _____

Work Phone _____

Home Phone _____

Parent/Guardian _____

Cell Phone _____

Work Phone _____

Home Phone _____

Persons to be called in case of emergency and or responsible for taking child from the center in case of emergency or illness. Child will not be released to any other person(s) without written authorization from parent/guardian.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Parent/Guardian Signature

Date