Noah's Ark
Parent's Day Out
Preschool

2011-2012 Enrollment Card

Child's Name _____ Birth Date _____

Parent's Names _____

Phone numbers _____ Text? Y / N

Email Addresses _____

Mom's Work _____ Dad's Work _____

Family Doctor _____ phone _____

Family Dentist _____ phone _____

Insurance Carrier _____

Group No: _____ Policy # of Member _____

Referred by (only one family name will be accepted): _____

Child's Name

For Office Use Only:	For Office Use Only:
_____	Date received _____
_____	Check number _____
_____	T Th Amt. due _____

Please list people authorized to pick up child (include relationship to child):

_____

_____

If we need to reach someone regarding your child (accident, illness, or behavior), who can we contact if we are unable to reach you? Please include name, relationship and phone numbers.

_____

_____

We the undersigned, the parents or legal guardians of the minor listed on the other side of this card do hereby authorize any x-ray examination, anesthetic, dental, medical or surgical diagnosis or treatment by any physician or dentist and hospital service that may be rendered to said minor under the general specific or special consent of a representative of Noah's Ark Parents' Day Out Program, the temporary custodian of the minor. Whether such diagnosis or treatment is rendered at the office of the physician, dentist or at a hospital. We authorize that physician or dentist to call in any necessary consultants in their discretion in authorizing the disposal of any severed tissues or members.
It is understood that his consent is given in advance of any specific diagnosis or treatment being required, but is given to encourage those persons who have temporary custody of the minor, and said physicians or dentist to exercise their best judgment as to the requirements of such diagnosis or medical or dental or surgical treatment.

Signed _____ and _____
Father Mother