

Admission Information

Start Date: _____

Child's Name _____ DOB: _____

Sex: M F X Preferred pronouns: she/her/hers he/him/his they/them/theirs N/A

Parent/Guardian

Name: _____ Relationship to child: _____

Home Address: _____ Phone: _____

Work & Address: _____ Phone: _____

Average Work Hours: _____ Email Address: _____

Mon: _____ Tues: _____ Wed: _____ Thur: _____ Fri: _____
to to to to to

Parent/Guardian

Name: _____ Relationship to child: _____

Home Address: _____ Phone: _____

Work & Address: _____ Phone: _____

Average Work Hours: _____ Email Address: _____

Mon: _____ Tues: _____ Wed: _____ Thur: _____ Fri: _____
to to to to to

Child Information

Name of Medical Provider: _____ Phone: _____

Name of Dentist: _____ Phone: _____

Emergency Contacts

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

In an emergency the staff at Pendleton Children's Center has my permission to seek medical treatment for my child.

Signature: _____ Date: _____

In an emergency the staff at Pendleton Children's Center has my permission to call an ambulance for my child.

Signature: _____ Date: _____

Does your child have any medical conditions and/or allergies that we should know about:

Likes and Dislikes: _____

Individuals to release your child to

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Parent Signature

Date