



**Brothers and Sisters of Child:**

Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_  
Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_  
Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

**Other Members of Household (if applicable):**

Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_  
Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

**EMERGENCY CONTACTS OTHER THAN PARENTS OR DOCTOR**

1. \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Phone \_\_\_\_\_  
Complete Address \_\_\_\_\_  
2. \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Phone \_\_\_\_\_  
Complete Address \_\_\_\_\_

**AUTHORIZED PERSONS TO PICK UP CHILD FROM OLIVE TREE (Other than parents)**

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

Special Comments: \_\_\_\_\_

I hereby grant permission for my child to take part in walks and field trips away from the Center premises under proper supervision of staff members of the Center. I understand I will be notified when such trips are planned.

Date \_\_\_\_\_ Signature of Parent or Guardian \_\_\_\_\_

I understand the importance of a consistent schedule for my child. Typically I will be leaving my child for care at \_\_\_\_\_ a.m. and picking up at \_\_\_\_\_ p.m.

When my child is ill, I understand my child will not be accepted for care.

I understand pictures of my child will be taken and used in the program, possibly for advertising purposes.

I have read and understand the Olive Tree Children's Center Policies and agree to its provisions.

Date \_\_\_\_\_ Signature of Parent or Guardian \_\_\_\_\_

**FOR OFFICE USE ONLY**

Admission Date \_\_\_\_\_

Discharge Date \_\_\_\_\_

Form to be retained for one year after discharge.