TAMU CLC ENROLLMENT FORM

Child's Name		Date of Birth		
Child's Primary Address				
st	reet	city	state	zip code
CLC Admission date		Hours child will	be in CLC care	
CLC Withdrawal date		Gender	Ethnicity _	
Names of Parents or Guardians (List information where yo	ou can be reached while child i	s in CLC care)	
Parent/Guardian #1		DriverLic #	Cell	Email
Parent/Guardian's Address (if differ	rent from child's address)			
Street	city	state	zip code	
Occupation		Employer	Work phone	
Parent/Guardian #2		DriverLic #	Cell	Email
Occupation		Employer	Work phone	
Parent/Guardian's Address (if different	rent from child's address)			
Street	city	state	zip code	
Parent/Guardian #3		DriverLic #	Cell	Email
Occupation		Employer	Work phone	
Parent/Guardian #4		DriverLic #	Cell	Email
Occupation		Employer	Work phone	
Names and ages of siblings living in	n same household as chi	ld		

TAMU CLC ENROLLMENT FORM

NAME AND PHONE OF PERSON TO CONTACT IN CASE OF AN EMERGENCY

Name	relationship to child		work phone					
I AUTHORIZE ONLY THE FOLLOWING PERSONS TO PICK UP MY CHILD								
Name	relationship to child	ID# DL	SocSec#	Cell				
Name	relationship to child	ID# DL	SocSec#	Cell				
Name	relationship to child	ID# DL	SocSec#	Cell				
I authorize my child to partic	ipate in these activities							
Water play activities, including sprinkler play		yes	no					
Field trips and transportation with prior notice and approval		yes	no					
Parent/Guardian signature			Date	_				