

# ENROLLMENT, EMERGENCY INFORMATION AND AUTHORIZATION FOR TREATMENT & TRANSPORTATION

Peace Early Learning Center ~ 5675 Field Street, Arvada, Colorado 80002 ~ ELC (303) 431-4494 ~ Fax (303) 940-7683

2025-2026 School Year      Date of Enrollment: \_\_\_\_\_

**Child Information** Last Name: \_\_\_\_\_ First: \_\_\_\_\_  
 Middle: \_\_\_\_\_ Nickname: \_\_\_\_\_ Gender: M / F Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Child's Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

## Parent/Guardian Information (If Different From The Child's)

Name:	Name:
Relationship:	Relationship:
Address:	Address:
City, State, Zip:	City, State, Zip:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Email:	Email:
Employer:	Employer:
Employer Phone:	Employer Phone:
Employer Address:	Employer Address:

Special Instructions for Reaching Parent or Guardian: \_\_\_\_\_

## Emergency Contacts (Other than Parents/Guardians listed above):

Name	Relationship	Phone	Address

## Authorized People to Pick Up Child (Other than parents/Guardians/Emergency Contacts)

Name	Relationship	Phone	Address

The information provided above is true and accurate and I give my permission for the Early Learning Center Staff to release my child to the individuals listed above.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Fill Out **BOTH** Sides Please!)

**Child's Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Medical Insurance** Does your child have a health care plan? Yes / No

Insurance Company: \_\_\_\_\_

Group #: \_\_\_\_\_ Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Doctor Information** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Dentist Information** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Hospital of Preference (Please check one)**

\_\_\_ Children's Hospital, 13123 E 16th Ave, Aurora, CO 80045 720-777-1234

\_\_\_ Children's Urgent Care 469 W State Highway 7 Broomfield, CO 80023 (720) 777-1340

\_\_\_ Children's Hospital, 1811 Plaza Drive Highlands Ranch, CO 80129 (720) 478-1234

\_\_\_ Lutheran Medical Center, 12911 West 40<sup>th</sup> Ave, Wheat Ridge, CO 80401 303-425-4500

\_\_\_ Kaiser Permanente Affiliate, Children's Hospital Colorado, 1835 Franklin Street, Denver, CO 80218 720-777-1360

\_\_\_ Other \_\_\_\_\_

**Health History**

Allergies/Reactions \_\_\_\_\_

Chronic Illnesses/Special Needs \_\_\_\_\_

Operations or serious injuries (dates) \_\_\_\_\_

Physical or Dietary limitations: Yes / No Describe if yes. \_\_\_\_\_

Is the child on any medications? Yes / No \_\_\_\_\_

If yes, please describe \_\_\_\_\_

Is your child fully immunized? Yes / No \_\_\_\_\_

**\*Completed immunization records must be provided on or before the first day the child is in care.**

\_\_\_\_\_ **Nap Cots:** I give permission for my child to rest on a cot provided by Peace Early Learning Center.

\_\_\_\_\_ **Participant Waiver:** I give my permission for the child listed above to participate in all learning experiences at Peace Early Learning Center, including but not limited to classroom instruction, chapel, indoor and outdoor experiences, and on and off campus experiences such as field trips. I will assume full responsibility for the medical care of my child for any injury incurred during participation in the Peace Lutheran Early Learning Center program.

\_\_\_\_\_ **Authorization for Emergency Medical Care and Transportation:** I hereby give my permission to Peace Early Learning Center to call a doctor or emergency medical service and for the doctor, hospital or medical service to provide emergency medical or surgical care including transport to the nearest health care facility for my child, listed above. It is understood that the childcare provider will make a conscientious effort to locate the parent/guardians and emergency contacts listed. Treatment, however, will not be delayed. I/we will accept the expense of emergency transportation, and medical or surgical treatment.

\_\_\_\_\_ **I agree to abide by all policies of Peace Early Learning Center as outlined in the Parent Handbook, including any and all financial obligations.**

The information provided above is true and accurate, and I agree to the statements listed above.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Fill Out **BOTH** Sides Please!)