

DICKSON COUNTY EXTENDED CHILD CARE PROGRAM
ENROLLMENT FORM

SOCIAL SECURITY NUMBER _____

NAME _____ SEX _____

GRADE _____ TEACHER _____

PARENT OR GUARDIAN _____

HOME ADDRESS: _____ HOME PHONE _____

FATHER'S PLACE OF WORK _____ PHONE _____

MOTHER'S PLACE OF WORK _____ PHONE _____

TWO OTHER NAMES WITH PHONE NUMBERS TO BE CALLED IN CASE OF ACCIDENT:

NAME _____ RELATION _____ PHONE _____

NAME _____ RELATION _____ PHONE _____

PERMISSION TO TAKE TO HOSPITAL _____

ANY SPECIAL PHYSICAL NOTATIONS _____

ANY CUSTODY RESTRICTIONS _____

ANY OTHER PERSON AUTHORIZED TO PICK UP YOUR CHILD FROM SCHOOL:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____