

**HOWARDS GROVE ACTIVITY CENTER**

435 North Wisconsin Dr.  
Howards Grove, WI 53083

**CHILD ENROLLMENT**

**CHILD INFORMATION**

Name (Last, First, MI)	Birthdate (mm/dd/yyyy)	First Day of Attendance
Address - Home (Street, City)		Telephone Number

**PARENT OR GUARDIAN -**

a. Mother's Name	Home Address (Street, City)	Home / Cell Phone No.
Name and Address - Place of Employment OR Where Reachable While Child is in Care		
b. Father's Name	Home Address (Street, City)	Home / Cell Phone No.
Name and Address - Place of Employment OR Where Reachable While Child is in Care		
c. Guardian's Name	Home Address (Street, City)	Home / Cell Phone No.
Name and Address - Place of Employment OR Where Reachable While Child is in Care		
d. Guardian's Name	Home Address (Street, City)	Home / Cell Phone No.
Name and Address - Place of Employment OR Where Reachable While Child is in Care		

**AUTHORIZED PERSONS - Persons other than parents / guardians who are authorized to pick up the child or accept the child if dropped off. If no one, write "None."**

a. Name and Relationship to Child	Home Address (Street, City)	Home / Cell Phone No.
Name and Address - Place of Employment OR Where Reachable While Child is in Care		
Work Phone No.		

**EMERGENCY CONTACT - The person to be notified in an emergency when parents / guardians cannot be reached.**  Yes  No This person is authorized to pick up the child.

Name and Relationship to Child	Home Address (Street, City)	Home / Cell Phone No.
Name and Address - Place of Employment OR Where Reachable While Child is in Care		
Work Phone No.		

**PHYSICIAN OR MEDICAL FACILITY**

Name	Address (Street, City, State, Zip Code)	Telephone Number
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**SIGNATURE - Parent or Guardian**

Date Signed