

### Child, Family and Emergency Contact Information

Child's Name: \_\_\_\_\_ Date of enrollment: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: Colorado Zip: \_\_\_\_\_

Sex: Male Female Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Primary Language/s: \_\_\_\_\_

Doctor (address, phone) \_\_\_\_\_

Dentist (address, phone) \_\_\_\_\_

Preferred Hospital (address, phone) \_\_\_\_\_

#### Caregiver 1

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address (if different) \_\_\_\_\_ City: \_\_\_\_\_ State: CO Zip: \_\_\_\_\_

Name/Address of employment: \_\_\_\_\_ Alt. Phone Number: \_\_\_\_\_

#### Caregiver 2

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address (if different) \_\_\_\_\_ City: \_\_\_\_\_ State: CO Zip: \_\_\_\_\_

Name/Address of employment: \_\_\_\_\_ Alt. Phone Number: \_\_\_\_\_

#### Regular Drop-off/Pick Up

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address (if different) \_\_\_\_\_ City: \_\_\_\_\_ State: CO Zip: \_\_\_\_\_

Name/Address of employment: \_\_\_\_\_ Alt. Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address (if different) \_\_\_\_\_ City: \_\_\_\_\_ State: CO Zip: \_\_\_\_\_

Name/Address of employment: \_\_\_\_\_ Alt. Phone Number: \_\_\_\_\_

#### Authorized to Pick Up in Emergencies

Contact #1: Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Number: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Contact #1: Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Number: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Contact #1: Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Number: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

# Liability Waiver

CHILD'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

The undersigned(s) being the lawful parent(s) and/or guardian(s) of the above child, hereby consent to the participation by the child in all program activities conducted by Elite Early Learning Program and to the participation of the child in all events related to said activities.

The undersigned hereby further authorize(s) any of the staff, employees, agents and representatives of Elite Early Learning Program to provide for, approve and authorize any health care at any hospital, emergency room, doctor's office or other institution, employ any physicians, dentists, nurses or other person whose services may be needed for such health care, review and if necessary disclose the contents of any medical records, execute any consent form required by medical, dental or other health authorities incident to the provision of medical, surgical, or dental care to the child. Health care shall include, but not be limited to the administration of anesthesia, x-ray, examination, and performance of operations, diagnostic and other procedures.

The undersigned(s) hereby further authorize(s) emergency transportation by either program personnel or if necessary by ambulance or other emergency vehicle.

If there is no medical emergency, the day care staff will first use reasonable efforts to contact the parent(s) and /or guardian(s) before administering or authorizing any treatment.

Notwithstanding other provisions in this consent form, Elite Early Learning Program shall not have the authority to withhold or withdraw life-sustaining procedures for the child.

The program is well child-proofed and the children are consistently well supervised. However, accidents do happen. The undersigned(s) assume(s) all risk of injury or harm to the child associated with participation in the day care and agree(s) to release, indemnify, defend and forever discharge Elite Early Learning Program of and from all liability, claims, demands, damages, costs, expenses, actions and causes of action in respect of death, injury, loss or damage to the child, or by the child, howsoever caused, arising or to arise by reason of or during the child's participation in the program.

---

Signature of Parent/Guardian

Date

---

Signature of Parent/Guardian

Date