



# Enrollment Form

## Barrington Village family and Child Enrichment

45 Commerce way  
Barrington, NH 03825  
(603) 905-9183

11:51 AM

3/23/2017

### Family Information

Last Name	First Name	MI	Last Name	First Name	MI
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship to Child	Social Security Number		Relationship to Child	Social Security Number	
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	
Street Address			Street Address		
<input type="text"/>			<input type="text"/>		
Apartment/Unit			Apartment/Unit		
<input type="text"/>			<input type="text"/>		
City	State	ZIP Code	City	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Phone	Work Phone	Ext	Home Phone	Work Phone	Ext
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cell Phone	Email Address		Cell Phone	Email Address	
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	

### Child Information

Last Name	First Name	MI	Last Name	First Name	MI
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sex	Social Security Number	Date of Birth	Sex	Social Security Number	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Emergency Contact		Emergency Phone			
<input type="text"/>		<input type="text"/>			
Dentist		Dentist Phone			
<input type="text"/>		<input type="text"/>			
Doctor		Doctor Phone			
<input type="text"/>		<input type="text"/>			
Insurance Provider		Policy Number			
<input type="text"/>		<input type="text"/>			
Blood Type		Last Physical Date			
<input type="text"/>		<input type="text"/>			
Known Allergies			Known Allergies		
<input type="text"/>			<input type="text"/>		

### Emergency Care Authorization

I certify that I am a parent or legal guardian of the child or children named above and give consent for emergency medical care, surgical treatment, and/or transportation to a care facility should my child's condition require it in my absence. I understand that, time and conditions permitting, reasonable attempts will first be made to contact me and any designated representatives in such a case. I hereby assume all financial responsibility for such actions taken on the behalf of my child.

Parent / Legal Guardian's Signature

Date

### OFFICE USE ONLY

Tuition: \$ \_\_\_\_\_ Classroom: \_\_\_\_\_ Enrolled: \_\_\_\_\_

Billing cycle: \_\_\_\_\_ Program: \_\_\_\_\_