



CHILD ENROLLMENT & EMERGENCY MEDICAL CARE FORM

Child's Name: _____ Date of Birth: _____
Address: _____ City: _____ State CT Zip: _____
Parent/Guardian's Name 1: _____
Address (If different from above): _____ City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Employer: _____ Work #: _____
Employer's Address: _____ City: _____ State:CT Zip: _____

Parent/Guardian's Name 2: _____
Address (If different from above): _____ City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Employer: _____ Work #: _____
Employer's Address: _____ City: _____ State: _____ Zip: _____

Hours of Operation
Monday to Friday: 8:00am to 5:15pm

PERSONS PERMITTED TO REMOVE THE CHILD ON BEHALF OF PARENT(S)

Name: _____ Cell #: _____
Name: _____ Cell #: _____

MEDICAL INFORMATION

Known Allergies: No History of Anaphylaxis: No: Yes: Last Tetanus:
Insurance Carrier: _____ Insurance ID: _____
Child's Physician: _____ Phone #: _____
Physician's address: _____ City: _____ State _____ Zip: _____
Child's Dentist: _____ Phone #: _____
Dentist's address: _____ City: _____ State _____ Zip: _____

I give my consent for the First Aid and CPR certified staff of the **Maritime Odyssey Preschool**, to administer first aid and CPR to my child and to contact the above named physician or dentist if my child has a medical emergency. I also give consent for my child to be transported to the nearest hospital in the event of a medical emergency. I will be responsible for all medical fees. Preferred Medical Facility is **NORWALK HOSPITAL**.

BEHAVIOR MANAGEMENT AND PARENT HANDBOOK

I acknowledge that I have read the parent handbook and agree to abide by the policies contained in it and that the techniques used to manage child behaviors in the facility have been discussed with me prior to enrollment.

***** Please confirm that the above information is accurate before signing this document. *****

Parent Signature: _____ Date: _____

11 Ingalls Avenue, Norwalk CT 06854
Telephone: 475-215-6100 Fax: 203-354-5593 Website: odysseyct.com Email:
odysseyctenrollment@gmail.com



Parent Signature: _____ Date: _____

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