

Smart Start Learning Center
801-966-8766

4050 South 2700 West
West Valley City, UT 84119

Child Admission Form

Child's Name: _____ Birth Date: _____ Sex: M ___ F ___

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Circle days of Attendance M, T, W, TH, F Estimated drop-off and pick-up times: _____

PARENTS INFORMATION:

MOTHER/ GUARDIAN: _____ Cell: _____ Texting: Yes ___ No ___

Address: _____ City, State, Zip _____

Employer: _____ Work Phone: _____

Social Security # _____ Driver's License # _____ State _____

Email _____ DWS Case # _____

FATHER/ GUARDIAN: _____ Cell: _____ Texting: Yes ___ No ___

Address: _____ City, State, Zip _____

Employer: _____ Work Phone: _____

Social Security # _____ Driver's License # _____ State _____

Email _____ Best method of contact: Call ___ Text Message ___ Email ___

Child lives with: Mother ___ Father ___ Both ___ Other _____

Parent's marital status: Married ___ Divorced ___ Single ___ Other _____

If separated or divorced who has legal custody? _____ May the non-custodial parent pick the child?

_____ (If no, the documentation from the court may be required)

Emergency Contacts and Persons Authorized to pick-up child(ren) other than Parents (over 18) they must have ID to pick up.

Name: _____ Phone: _____ Relationship to Child: _____

Address: _____ City, State, Zip _____

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Address: _____ City, State, Zip _____

Name: _____ Phone: _____ Relationship to Child: _____

Address: _____ City, State, Zip _____

At least one emergency contact that lives out of the area/state (in case of extreme emergencies)

Name: _____ Phone: _____ Relationship to Child: _____

Address: _____ City, State, Zip _____

____ Initial here if no known out of state/area contacts available

In case of an emergency or serious illness, when parents cannot be reached immediately, I hereby authorize the provider, Smart Start Learning Center to obtain emergency medical care and/or provide emergency medical transportation for my child(ren).

PLEASE LIST PERSONS UNAUTHORIZED TO PICK UP CHILD:

I hereby give the provider permission to transport my child in the provider's vehicle for the following:

To and from school: _____ scheduled activities and field trips (with written permission in advance): _____

I give permission to Smart Start Learning Center to take whatever emergency (first aid, disaster, evacuation) measures are judged necessary for the care and protection of my child while under the supervision of the center either on or off the premises including field trips or excursions.

I understand that Smart Start Learning Center staff will make every effort to contact me. I agree to keep my child's file updated at all times for this purpose.

In the case of serious illness or medical emergency, when the parents or assigns cannot be reached immediately, I hereby authorize the care provider to obtain emergency medical treatment (i.e. paramedics or other authorized professional) for my child, and to obtain or provide emergency medical transportation.

Parent Signature: _____ Date: _____

Enrollment Date: _____