

# Andy Bear Early Learning Center

11500 Wiles Road  
Coral Springs, Florida 33076  
954-344-2151

## Emergency & Enrollment Information

Password \_\_\_\_\_

**PLEASE PRINT**

Childs Name: Last \_\_\_\_\_ First: \_\_\_\_\_

Birthdate: \_\_\_/\_\_\_/\_\_\_ First Contact Phone # \_\_\_\_\_ Name \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

Zip

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Father's Work: \_\_\_\_\_ Mother's Work: \_\_\_\_\_

Father's Home: \_\_\_\_\_ Mother's Home: \_\_\_\_\_

Father's Cell: \_\_\_\_\_ Mother's Cell: \_\_\_\_\_

Father's Email: \_\_\_\_\_ Mother's Email: \_\_\_\_\_

Days Enrolled: Check all that apply Mon \_\_\_ Tue \_\_\_ Wed \_\_\_ Thurs \_\_\_ Fri \_\_\_

Doctors Name: \_\_\_\_\_ Doctors Phone: \_\_\_\_\_

Medicines: \_\_\_\_\_ Allergies: \_\_\_\_\_

**IN CASE OF EMERGENCY: I GIVE MY PERMISSION FOR ANY OF THE FOLLOWING PEOPLE TO BE CONTACTED AND/OR TO REMOVE MY CHILD FROM THE CENTER.**

Name	Phone Number	Relationship
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**Persons listed above are for emergency Pick-up.**

What language, other than English, is spoken at home? \_\_\_\_\_

I give my child permission to take class walks with his/her group on campus.  
I give my permission for my child to be photographed and used in promotional materials.  
I have read and understand the Tuition Agreement and Billing Policy.

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### How did you hear about us:

\_\_\_\_ Spectator      \_\_\_\_ Neighborhood News      \_\_\_\_ Forum  
\_\_\_\_ Internet      \_\_\_\_ Other Magazine      \_\_\_\_ Friend at this school

Name: \_\_\_\_\_