



The Mildly Ill Program
Center for Child Development

3900 Piper Street
Anchorage, Alaska 99508
907-212-3075
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Enrollment Packet

1. Enrollment Form
2. Parent Handbook
3. Health History
4. Physical and Immunization Record
5. Emergency Card
6. Payment Agreement and Fee Schedule
7. Medicine Authorization Forms if needed
8. What to bring

PHSA Mildly Ill Program
Enrollment Form

Please PRINT clearly

Child's Name (Last): _____ (First): _____ Birthdate: _____

Mailing Address Home Phone: _____

Street: _____ City: _____ ZIP: _____

Physical Address Street: _____ City: _____ ZIP: _____

Mother's

First & Last Name: _____ cell # _____ email: _____

Place of Employment: _____ Department: _____

Work Phone: _____ Extension: _____ Prov. Employee #: _____

Social Security # _____

(Any 4 digit number for your PIN to access the building _____)

Father's

First & Last Name: _____ cell # _____ email: _____

Place of Employment: _____ Department: _____

Work Phone: _____ Extension: _____ Prov. Employee # _____

Social Security # _____

(Any 4 digit number for your PIN to access the building _____)

Health Insurance Information: policy, number and address

Emergency Information

Name of responsible friends or relatives to call if parent cannot be reached:

1. _____ Relationship: _____ Phone: _____

2. _____ Relationship: _____ Phone: _____

The following persons are authorized to bring or pick up my child:

1. _____ 2. _____ 3. _____ 4. _____

I GRANT PERMISSION FOR MY CHILD:

To participate in research, screening, or evaluation studies connected with CCD program.

To be photographed and /or mentioned in news stories.

I am aware that the Mildly Ill Center Parent Handbook is posted on the CCD intranet and internet for parents to access. The handbook contains policies & procedures for use of Center. Paper copies may be obtained upon request.

I authorize the Mildly Ill Center staff to take whatever emergency medical measures are deemed necessary for the protection of my child while in the Mildly Ill Center's care. I understand that this authorization includes having access to health information, calling a physician, implementing his instructions, and transporting my child to Providence Alaska Medical Center if I cannot be reasonably located. *I agree to be responsible for the costs of emergency care.*

Date

Father's Signature

Date

Mother's Signature

Enrollment will not be complete without the following:

Enrollment Fee Paid (\$25)

Physical (within past 6 months) and Current Immunizations

Emergency card