



**The Mildly Ill Program**  
**Center for Child Development**

3900 Piper Street  
Anchorage, Alaska 99508  
907-212-3075  
Fax 907-212-3195

**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