

**EMAIL INFORMATION**

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*Grandma's House would like to expand communications by using more email options. Please add your email address(es) to the list below and check which options you would like us to use for future communications with you.*

I do not wish to receive email communications from Grandma's House.

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

- |                                      |  |  |  |
|--------------------------------------|--|--|--|
| <input type="checkbox"/> All Options | <input type="checkbox"/> Book Orders     | <input type="checkbox"/> Center Events | <input type="checkbox"/> Health Report Forms |
|                                      | <input type="checkbox"/> Center Closings | <input type="checkbox"/> Evaluations   | <input type="checkbox"/> Newsletters         |

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

- |                                      |  |  |  |
|--------------------------------------|--|--|--|
| <input type="checkbox"/> All Options | <input type="checkbox"/> Book Orders     | <input type="checkbox"/> Center Events | <input type="checkbox"/> Health Report Forms |
|                                      | <input type="checkbox"/> Center Closings | <input type="checkbox"/> Evaluations   | <input type="checkbox"/> Newsletters         |

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

- |                                      |  |  |  |
|--------------------------------------|--|--|--|
| <input type="checkbox"/> All Options | <input type="checkbox"/> Book Orders     | <input type="checkbox"/> Center Events | <input type="checkbox"/> Health Report Forms |
|                                      | <input type="checkbox"/> Center Closings | <input type="checkbox"/> Evaluations   | <input type="checkbox"/> Newsletters         |

**INSURANCE INFORMATION**

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*Grandma's House Day Care Center, Inc., does not carry individual health insurance for the children in attendance. It is the parents/guardians responsibility to have insurance or cover the costs of any illnesses or injuries, which may occur while your child is attending our center.*

*Below is the information we need for our files. Please return this form along with the enrollment papers.*

*Thank you for your help.*

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\_\_\_\_\_  
Child's Name

\_\_\_ My child has health insurance.

\_\_\_ My child is not covered by health insurance.

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Insured Party

\_\_\_\_\_  
Policy #

\_\_\_\_\_  
Group #

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date