

**Montgomery College Early Learning Center
Health Insurance Information Form**

In accordance with the National Association for the Education of Young Children accreditation requirements under Sections 5.A.01 and 7.C.08, Montgomery College Early Learning Center is required to maintain current information regarding enrolled children's health insurance coverage. Lack of insurance or refusal to provide such information will not affect enrollment. The information may be required in case of treatment in a medical emergency.

Child's Name: _____

Child's Birth Date: _____

Parent or Guardian's Name: _____

Address: _____

Telephone Number Home: (____) _____

Work: (____) _____

Cell: (____) _____

My child has health insurance coverage as indicated below:

Policy Holder's Name: _____

Insurance Carrier: _____

Policy Number: _____

My child **does not** have health insurance coverage.

I refuse to provide this information.

I authorize Montgomery College Early Learning Center to share my child's information with other relevant providers, agencies, or other programs, as necessary.

Parent or Guardian's Signature

Date