



CHILD ENROLLMENT INFORMATION SHEET

CHILD'S BASIC INFORMATION:

Today's Date: _____ Date of Anticipated Enrollment: _____ Child's Full Name (First, Middle, Last): _____ Nickname Which Teachers May Use, if any: _____ Date of Birth: _____ Age: _____ Due Date: _____ Required Days of Attendance ~ Circle All That Apply: M T W TH F Anticipated Hours of Attendance: _____ AM to _____ PM Child's Address: _____ City: _____ State: _____ Zip: _____ Phone Number of Child's Residence: _____ Child's Physician Name: _____ Child's Physician Phone Number: _____

PARENTS/GUARDIAN'S CONTACT INFORMATION:

Mother's Name: _____ Email Address: _____ Address: _____ City: _____ State: _____ Zip: _____ Employer Name: _____ Work Hours: _____ Home Phone: _____ Cell Phone: _____ Work Phone: _____

Father's Name: _____ Email Address: _____ Address: _____ City: _____ State: _____ Zip: _____ Employer Name: _____ Work Hours: _____ Home Phone: _____ Cell Phone: _____ Work Phone: _____

EMERGENCY CONTACT INFORMATION: (in the event that parents can not be reached - please list any other emergency contacts)

Primary Emergency Contact Name: _____ Address: _____ Home Phone: _____ Cell Phone: _____ Work Phone: _____ Relationship to Child: _____

Secondary Emergency Contact Name: _____ Address: _____ Home Phone: _____ Cell Phone: _____ Work Phone: _____ Relationship to Child: _____

CHILD PICK-UP AUTHORIZATION INFORMATION: (in the event that parents can not pick up - please list any other authorized pick up's)

Please note that it is assumed that both parents/guardians, if listed in parent/guardian contact information on page 1, will be authorized to pick up your child. If this is not the case please indicate here which parents/guardians may NOT pick up your child, and supply appropriate paperwork to go along with this request:

The Following Individuals Are Authorized To Pick Up My Child:

Name: _____	Phone Number: _____
Name: _____	Phone Number: _____
Name: _____	Phone Number: _____
Name: _____	Phone Number: _____
Name: _____	Phone Number: _____
Name: _____	Phone Number: _____
Name: _____	Phone Number: _____

MISCELLANEOUS INFORMATION:

Language Spoken At Home: _____ Is Your Child Potty Trained?: _____ Does Your Child Need Reminding To Go To The Bathroom?: _____ Does Your Child Need Help When Going To The Bathroom?: _____ Does Your Child Feed His/Herself Entirely?: _____ Does Your Child Have Any Imaginary Playmates?: _____ In What Ways Would You Like To See Your Child Develop During His/Her Time At The Center?: _____

ALLERGY/MEDICAL INFORMATION:

List Any Allergies Your Child Has (food or medication): _____ List Any Foods Your Child Should Not Eat Due To Medical, Religious or Personal Reasons: _____ Please List Any Other Special Concerns Or Problems, Medical, Developmental, Or Educational Needs: _____ Please List Any Medications Your Child Takes: _____ Please List Any Medications Your Child Needs for Emergency Situations: _____ Will Your Child Need To Be Given These Medications At The Center?: _____ Please List Any Existing Illnesses or Injuries Your Child Has: _____ Please List Any Previous Serious Illness or Injury Your Child Has Had: _____ Please List Any Other Things We May Need To Know (medical conditions, etc.): _____

Parent/Guardian Signature: _____ Date: _____