



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 cannot 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: _____