

CHILD'S ENROLLMENT RECORD

DIRECTOR'S USE ONLY	
Date enrolled	

Child's full legal nam	e								
	First	,	Middle	Last		Nickname			
Date of Birth			Sex_						
Primary Hours of Car	e From	To	Days	of Week in C	are				
Child's Physical Add	ress_ Street Addres	ss (number, apartment #, s	street) City		State	Zip Code			
Family Information:		C	Child Lives w	ith					
Parent's Name			Parent's Nan	ne					
Address:									
Home Phone:									
Employer:			Employer:						
Address:			_Address:						
Work Phone	Cell		_Work Phone_		Cell				
Custody: Mother	Father	Both	Oth	ner	_ Name				
Emergency Contacts Child will be released of people will also be con accident or emergency	only to the cus	e authorized to ren	nove the child	from the chil	dren's cente	er in case of illness,			
Name									
Home Phone			Cell Phone						
Address	Street Address (r	number, apartment #, stree	et) City		State	Zip Code			
Name									
Home Phone									
Address									
		number, apartment #, stree			State	Zip Code			

Please use additional sheet of paper to list name, address and phone number of any other people authorized to pick the child up.

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CHILD'S ENROLLMENT RECORD (Back Page)

Medical Information:

Child's Physician/Health Resource Felephone Number					
Address Street Address (number, apartment				State	Zip Code
lospital Preference Name of Dentist					
AddressStreet Address (number, apartment	#, street)	City		State	Zip Code
Meals typically served while in care:	Breakfast	AM Snack	Lunch	PM Snack	Supper
Emergency Care Plan instructions (if	applicable)				
MISCELLANEOUS INFORMATION					
List all known allergies					
ist all identifying scars, birthmarks, skin	discoloratio	ons			
Special medical or dietary needs of child					
List any areas of concern					
My signature below verifies that:					
give permission to consult the child' parent/legal guardian cannot be reach		n/health resou	rce listed	above in case	e of emergency if
have received a copy of the "Know Y	our Child's	S Children's C	enter" bro	ochure.	
was notified in writing of the discipling	nary and ex	cpulsion polic	ies used l	by the childre	n's center.
was provided the food and nutrition	policies us	ed by the chil	dren's ce	nter.	
Your signature below indicates that your signature below indicates that your complete and accuraces to my child's records.					
Signature of Custodial Parent or Lega					