

CHILD'S ENROLLMENT RECORD

DIRECTOR'S USE ONLY
Date enrolled

Child's full legal name	<u> </u>						
			Middle		Last		Nickname
Date of Birth				Sex			
Primary Hours of Care	From	To		_ Days of W	Veek in Car	e	
Child's Physical Addre	ess	s (number, apartmer	at # atroot)	City		Stata	Zip Code
	Street Address	s (number, apartmer	n #, Sireei)	City		State	zip Code
Family Information:			Child I	_ives with_			
Parent's Name			Parei	nt's Name			
Address:							
Home Phone:							
Employer:			Empl	oyer:			
Address:			Addr	ess:			
Parent's email							
Work Phone	Cell		Work	Phone		Cell	
Custody: Mother	_Father	_ Both		Other_	N	lame	
Emergency Contacts: Child will be released or people will also be contaccident or emergency,	acted and are	authorized to	remove t	he child fron	n the childre	en's center i	n case of illness,
Name							
Home Phone			Cel	l Phone			
Address	Street Address (nu	ımber, apartment #,	street)	City	Sta	te	Zip Code
Name							
Home Phone							
Address							
		ımber, apartment #,		City	Sta	te	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.

CONTINUED ON BACK

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					