



Child's Enrollment Form – 1

Child's Name: _____ Date of Birth: _____

Classroom: _____ Start Date: _____ Term. Date: _____

Child's Home Address: _____

Primary Language: _____ Identifying Marks: _____

Eye Color: _____ Hair Color: _____ Skin Color: _____

Sex: _____ Height: _____ Weight: _____

Parent/Guardian Information

Parent/Guardian Name: _____ Relation: _____

Email Address: _____

Home Address: _____

Day Time Phone (H): _____ (C): _____

Work Name: _____ Address: _____

Work Phone Number: _____ Hours at Work: _____

Parent/Guardian Name: _____ Relation: _____

Email Address: _____

Home Address: _____

Day Time Phone (H): _____ (C): _____

Work Name: _____ Address: _____

Work Phone Number: _____ Hours at Work: _____

Additional Information

Child's Physician: _____

Address: _____ Phone Number: _____

Allergies/Special Diets? _____ Special Limitations _____

Individual Health Plan for chronic health condition? ___ No ___ Yes, please attach. Copies of any custody agreements, court orders, and restraining orders pertaining to the child? ___ No ___ Yes, please attach.

Parent/Guardian Signature

Date