



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): _____
Email Address: _____
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