



CHILD'S ENROLLMENT RECORD

DIRECTOR'S USE ONLY
Date enrolled _____

Child's full legal name _____
First Middle Last

Sex ___ SS# (optional) _____ Birth Date _____

Child's preferred name/nickname _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

Home Phone () _____

Primary hours child will be in the children's center _____

Days of week child will be in the children's center _____

Who has legal custody _____ Relationship _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

Home Phone () _____ Cell Phone () _____

Mother's name _____

Home Phone () _____ Cell Phone () _____

Home address _____
Street Address (number, apartment #, street) City State Zip Code

Place of employment _____

Address of employer _____
Street Address (number, apartment #, street) City State Zip Code

Telephone () _____

Father's name _____

Home Phone () _____ Cell Phone () _____

Home address _____
Street Address (number, apartment #, street) City State Zip Code

Place of employment _____

Address of employer _____
Street Address (number, apartment #, street) City State Zip Code

Telephone () _____

Other household members: Adult's names _____

Children's names and ages _____

The child will be released only to the person(s) authorized, or in the manner authorized, in writing, by the custodial parent(s) or legal guardian(s). The following person must be someone other than the custodial parent(s) or legal guardian(s) and is authorized to remove the child from the facility in case of illness, accident, or emergency, if for some reason the custodial parent(s) or legal guardian(s) cannot be reached:

Name _____

Home Phone () _____ Cell Phone () _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

Name _____

Home Phone () _____ Cell Phone () _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

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Child's physician/health resource _____

Telephone Number (_____) _____

Address _____
Street Address (number, apartment #, street) City State

Hospital preference _____

Name of Dentist _____ Telephone (_____) _____

Address _____

MISCELLANEOUS INFORMATION

Has child had: Surgery _____ Serious illness/accident _____ Burns _____ Convulsions _____
Broken bones/dislocated arm _____ Other _____

List all known allergies _____

List all identifying scars, birthmarks, skin discolorations _____

Special medical or dietary needs of child _____

List any areas of concern _____

Instructions regarding toileting _____

Child's habits, fears, etc. _____

Previous preschool or group experiences (include dates) _____

My signature below verifies that:

I give permission to consult the child's physician/health resource listed above in case of emergency if parent/guardian cannot be reached.

I have received a copy of the "Know Your Child's Children's Center" brochure, and a copy of the children's center discipline policy.

I was notified that the snacks/meals served daily are: Breakfast AM Snack Lunch PM Snack Dinner

I verify that the information on this enrollment form is complete and accurate.

Signature of Custodial Parent or Legal Guardian

Date