

ENROLLMENT FORM

CHILD INFORMATION:

Child's Name: _____ Date of Birth: _____
Home Address: _____ Sex: _____

Primary Language: _____
Telephone: _____ Height: _____ Weight: _____
Eye Color: _____ Skin Color: _____
Identifying Marks: _____
Allergies/Special Diets: _____

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name: _____	Parent/Guardian Name: _____
Relationship to Child: _____	Relationship to Child: _____
Home Address: _____	Home Address: _____
Home Telephone #: _____	Home Telephone #: _____
Bus. Name: _____	Bus. Name: _____
Bus. Address: _____	Bus. Address: _____
Telephone #: _____	Telephone #: _____
Hours at Work: _____	Hours at Work: _____

ADDITIONAL INFORMATION:

Child's Physician/Clinic: _____ Telephone #: _____
Chronic Health Conditions: _____
Special Limitations or Concerns: _____

Parent/Guardian Signature

Date

FOR CENTER USE ONLY:

Date of Admission: _____ Age at Admission: _____ End Date: _____
Number of Days: 5 Days 4 Days 3 Days 2 Days Classroom: 1 2
Days of Week: Monday Tuesday Wednesday Thursday Friday
Payment Rate: Daily Rate: _____ Weekly Rate: _____

