



Child Enrollment Form

Child's Name: _____ Date of Birth: _____

Telephone #: _____ Date of Admission: _____ Age of Admission: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Child's Identifying Information (required by the Department of Early Education and Care):

Eye Color: _____ Hair Color: _____ Sex: _____ Height/Weight: _____ Skin Color: _____

Identifying Marks: _____

ALLERGIES: _____

Parent/Guardian Name: _____ Parent/Guardian Name: _____

Relationship to Child: _____ Relationship to Child: _____

Home Address: _____ Home Address: _____

City, state, zip: _____ City, state, zip: _____

Home Telephone #: _____ Home Telephone #: _____

Cell #: _____ Cell #: _____

Email: _____ Email: _____

Business Name: _____ Business Name: _____

Business Address: _____ Business Address: _____

City, state, zip: _____ City, state, zip: _____

Business Telephone: _____ Business Telephone: _____

Individual Health Care Plan for child with a chronic health condition? If yes, please attach.

Copies of any custody agreements, court dates, and restraining orders pertaining to the child? If yes, please attach.

Special limitations or concerns? _____

Child's Physician/Clinic: _____ Telephone #: _____

Parent/Guardian Signature: _____ Date: _____