



# CHILD'S ENROLLMENT RECORD

<b>DIRECTOR'S USE ONLY</b>
Date enrolled _____

Child's full legal name \_\_\_\_\_  
First Middle Last

Sex \_\_\_\_\_ Birth Date \_\_\_\_\_

Child's preferred name/nickname \_\_\_\_\_

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

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 \_\_\_\_\_

Parent's name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_ Zip \_\_\_\_\_  
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 \_\_\_\_\_

Parent'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 \_\_\_\_\_

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 Zip Code*

**Hospital Preference** \_\_\_\_\_

**Name of Dentist** \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_  
*Street Address (number, apartment #, street) City State Zip Code*

**MISCELLANEOUS INFORMATION**

List all known allergies \_\_\_\_\_

List all identifying scars, birthmarks, skin discolorations \_\_\_\_\_

Special medical or dietary needs of child \_\_\_\_\_

List any areas of concern \_\_\_\_\_

**My signature below verifies that:**

**I give permission to consult the child's physician/health resource listed above in case of emergency if parent/legal 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**