

Child Enrollment Form



This form is to be completed for each child at the time of enrollment in the child care facility, updated as needed when changes occur, and maintained on file at the facility.

Name of Program: _____

GENERAL INFORMATION (to be completed by Parent or Guardian):

Child's Full Name: _____ Sex _____

Age _____ Date of Birth: _____ Enrollment Date: _____

Address: _____
Street Address – No P. O. Box City State Zip Code

Parent/Guardian Name (first and last): _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Parent/Guardian Name (first and last): _____

Home Number: _____ Work Phone: _____ Cell Phone: _____

Person to contact in an emergency and/or authorize medical treatment if parents cannot be reached:

First and Last Name: _____ Relationship: _____

Address: _____
Street Address – No P. O. Box City State Zip Code

Phone Number: _____

Person(s) authorized to pick up (other than Parents/Guardians):

First and Last Name: _____ Phone Number: _____

Relationship to Parent or Guardian _____ Family Code Word(s) : _____

First and Last Name: _____ Phone Number: _____

Relationship to Parent or Guardian _____ Family Code Word(s): _____

My Child will regularly attend this facility:

Hours: FROM _____ am/pm TO _____ am/pm

Days: Monday – Friday **OR** (check what applies) Monday Tuesday Wednesday Thursday Friday

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HEALTH INFORMATION: (To be completed by parent/guardian)

Family Physician/Health Resource: _____
Name

Street Address

City

State

Zip Code

My child has the following health conditions such as allergies, asthma, diabetes, epilepsy, etc. and takes the following medications:

Additional comments: (anything you would like the staff to know in caring for your child)

Parent/Guardian Signature: _____ **Date:** _____