

# Enrollment Application

Child's Name: \_\_\_\_\_

Child's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: Male Female

Date of enrollment: \_\_\_\_\_

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## Parent/Guardian Information

Name of enrolling parent/guardian: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Cell phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Phone #: \_\_\_\_\_

Employer: \_\_\_\_\_ Work phone #: \_\_\_\_\_

Normal working hours: \_\_\_\_\_

May we communicate with you via email? If so, please provide your email address.

Email address: \_\_\_\_\_

Name of another parent/guardian: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Cell phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Phone #: \_\_\_\_\_

Employer: \_\_\_\_\_ Work phone #: \_\_\_\_\_

Normal working hours: \_\_\_\_\_

## **Child's Primary Residence (Circle One):**

With Mother

With Father

With Both Parents

With Guardian

**Parent's Marital Status (Circle One):**

Married

Single

Divorced

If divorced, who has legal custody? \_\_\_\_\_

May the non-custodial parent pick up the child? Yes No

If yes, include in release section. If no, documentation from the court may be required.

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**Medical Information**

Child's Physician: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Any Allergies: \_\_\_\_\_

Any medical condition or special health care? \_\_\_\_\_

Hospital preferences: \_\_\_\_\_

Does your child have health insurance? Yes No

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**Emergency contacts other than the parents *(who have permission to pick up the child)*:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Persons (other than parents/guardian) authorized to pick up the child from the Center:

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Phone: \_\_\_\_\_

**Help us get to know your child and your family**

Is your child looking forward to his/her attending the Center? \_\_\_\_\_

Does your child seem apprehensive about entering the Center? \_\_\_\_\_

Is your child toilet trained?    Yes                      No

What does your child say when he/she wants to use the toilet? \_\_\_\_\_

Does your child need assistance with: dressing/undressing \_\_\_\_\_?      eating \_\_\_\_\_? washing hands \_\_\_\_\_?

Has your child been cared for by people other than the parents? \_\_\_\_\_ Who? \_\_\_\_\_

Favorite Game: \_\_\_\_\_

Favorite Toy: \_\_\_\_\_

Favorite Story: \_\_\_\_\_

Favorite Food: \_\_\_\_\_

Name of sibling and/or family member that your child may talk about:

\_\_\_\_\_

Names of family pets: \_\_\_\_\_

When your child is upset or unhappy, what seems to comfort him/her?

\_\_\_\_\_

\_\_\_\_\_

Does your family celebrate holidays?      Yes                      No

If yes, please list below some important holidays for your family

\_\_\_\_\_

\_\_\_\_\_

What are some things you hope your child will learn while in our program?

\_\_\_\_\_

\_\_\_\_\_

What language do you speak with your child at home? \_\_\_\_\_

Please provide additional information on the back of this form that will help us welcome your child, such as your family's culture, beliefs, and/or child rearing practices.