

# SUNFLOWER BILINGUAL FAMILYCARE

## ENROLLMENT SHEET

Please fill out these forms completely. If a question does not apply to your child, write N/A (not applicable) The forms must be in the educator's possession on or before the first day your child begins care. Please notify your educator if any of the information changes.

### General Information

Date of Admission \_\_\_\_\_ Age at Admission: \_\_\_\_\_

Child's full name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Nickname \_\_\_\_\_

Primary Language of Child \_\_\_\_\_ Primary Language of Parents \_\_\_\_\_

Allergies/Special Diets \_\_\_\_\_

Name of Parent(s)/Guardian(s) \_\_\_\_\_

Home address (if different) \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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

### **Parent(s)/guardian(s) :**

Parent/Guardian: \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### **Emergency Contact/Authorized pick-up person**

In the event of an emergency when I may not be reached, the Educator may contact the following individuals (in the order given) whom I authorize to take my child from the child care premises.

(1) Name: \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

(2) Name: \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_