



Unique care provided by devoted hearts!

**In Arms Reach Childcare
Enrollment Form**

Personal Information:

Child's Name: _____ Age _____ Sex M / F
Nick Name: _____ Birthdate ____/____/____
Address: _____
Home Phone: _____
Parent Guardian #1: _____ Parent/Guardian #2 _____
Address: _____ Address: _____

Home Phone: _____ Home Phone: _____
Work phone: _____ Work Phone: _____
Cell Phone _____ Cell Phone: _____
Email: _____ Email: _____
Employer: _____ Employer: _____

Emergency Information:

Child's Primary Physician: _____ Phone # _____
Address: _____
Clinic: _____
Clinic Address: _____
Hospital you request in case of emergency: _____
Dentist Name: _____
Dentist Address: _____
Dentist facility you request in case of emergency: _____

Emergency contacts/Authorized to pick up from preschool: In the event of an emergency and we cannot contact you we will contact these people in the order listed. Two are required.

Name #1: _____ Relationship: _____
Address: _____

Home Ph. _____ Cell Ph. _____ Work Ph. _____



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List anyone who **CAN NOT** pick up your child. _____

Please list any other persons living with the child and their relationship (if any) to the child.

Personal History:

Does the child have any allergies? (If yes describe)

Please describe any food or eating instructions.

Please describe any bowel or bladder irregularities if any.

Share any family customs or traditions you feel would be beneficial for us to know as we interact with your child.

Parent/Guardian signature: _____ Date _____

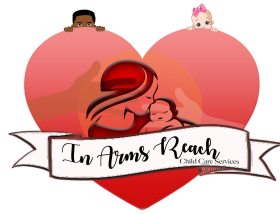
In Arms Reach Director or representative: _____ Date _____

To complete your child's registration please complete this form and submit \$40 for one child; \$60 or a family enrollment fee to:

***In Arms Reach Childcare Center
1411 Marvine St, Bethlehem PA 18017***

Please contact Marquisha Fleetwood with any questions regarding enrollment or the completion of the enrollment form.

484-838-5945



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