

GROUP CHILD CARE AND SCHOOL AGE CHILD CARE ENROLLMENT FORM

Program Name:Whiz Kids Group Child Care:_____ School Age Care:_____

CHILD INFORMATION:

Date of Admission:_____ Age at Admission:_____

Child's Name:_____ Date of Birth:_____

nickname (if any) _____

Home Address:_____ Place of Birth:_____

Primary Language:_____

Telephone #:_____

Child's Identifying Information (required by Department of Early Education and Care))

Eye Color:_____ Hair Color:_____ Sex:_____

Height:_____ Weight:_____ Skin Color:_____

Identifying marks:_____

Allergies/ Special Diets:_____

Chronic Health Conditions:_____

Special Limitations or Concerns:_____

School age only:Current school:_____ Grade:_____

I certify that documentation of physical examination and immunizations in accordance with public school health requirements, and lead poison screening in accordance with public health requirements are on file at my child's school. **Parent/guardian initials** _____

PARENT/GUARDIAN INFORMATION:

Name:_____

Name:_____

Relationship to Child:_____

Relationship to Child:_____

Home Address:_____

Home Address:_____

Home Telephone#:_____

Home Telephone #:_____

Cell Phone#:_____

Cell Phone #:_____

Business Name:_____

Business Name:_____

Business Address:_____

Business Address:_____

Business Phone #:_____

BusinessPhone #:_____

Hours at work:from _____AM to _____PM

Hours at work:from _____AM to _____PM

If parents cannot be contacted, notify (include names on emergency card)

Name:_____

Name:_____

Address:_____

Address:_____

Relationship to Child:_____

Relationship to Child:_____

Daytime telephone #:_____

Daytime telephone #:_____

Child's Physician/Clinic _____ Telephone #:_____

Parent/Guardian signature

Date