



Growing Garden Family Group Daycare

243 Jacob St, Elmont, NY 11003

Phone: 347-407-2478 | Email: enroll@growinggardenfamily.com

CHILD INFORMATION

Full Name: _____

Date of Birth: ____ / ____ / ____

Gender: Male / Female / Other

Home Address: _____

City: _____ State: _____ Zip: _____

PARENT/GUARDIAN INFORMATION

Primary Contact:

Name: _____

Relationship to Child: _____

Phone (Cell): _____ (Work): _____

Email: _____

Address (if different from child's): _____

Secondary Contact (optional):

Name: _____

Relationship to Child: _____

Phone (Cell): _____ (Work): _____

Email: _____

EMERGENCY CONTACTS

1. Name: _____ Phone: _____ Relationship: _____

2. Name: _____ Phone: _____ Relationship: _____

AUTHORIZED PICK-UP PERSONS

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

MEDICAL INFORMATION

Pediatrician Name: _____ Phone: _____

Allergies: _____

Medical Conditions: _____

Medications (if any): _____

Immunizations up to date? Yes / No

Health Insurance Provider: _____

Policy #: _____

DAILY ROUTINE & CARE INFO

Nap schedule: _____

Eating preferences/dietary needs: _____

Comfort items: _____

Any fears or special needs: _____

SCHEDULE REQUESTED

Full-Time / Part-Time

Days of Week: M / T / W / Th / F

Drop-off Time: _____ Pick-up Time: _____

CONSENT & AUTHORIZATIONS

Emergency Medical Treatment Authorization: Yes / No

Photo/Video Permission: Yes / No

PARENT/GUARDIAN AGREEMENT

I certify that the information provided is accurate.

I agree to notify Growing Garden Family Group Daycare of any changes.

I have received and reviewed the parent handbook and agree to the policies outlined within.

Signature: _____ Date: _____