



7750 16th Street NW
Washington, DC 20012
202-450-3582

CHILD PRE-ENROLLMENT FORM

Child's Name _____ Gender ____ Birthday _____

Home Address _____

Home Phone _____

Beginning date needing care _____

Hours of Care:

Monday _____ Tuesday _____ Wednesday _____

Thursday _____ Friday _____

Basic Information:

Mother/Guardian's Name _____

Home Phone _____ Cell Phone _____

E-mail Address: _____

Address _____

Business Phone _____ Hrs. from _____ to _____

Father/Guardian's Name _____

Home Phone _____ Cell Phone _____

E-mail Address: _____

Address _____

Business Phone _____ Hrs. from _____ to _____



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Emergency Contact:

Emergency Contact Person#1_____

Contact's phone_____

Emergency Contact Person#2_____

Contact's phone_____

CHILD'S HEALTH RECORD: (A copy of your child's immunizations and current physical will be needed)

General state of health:

Are your child's immunizations up to date? _____ (Please attach a copy of immunizations. This should include the signature of nurse or doctor who administered medications.)

Describe any allergies:

Describe any medical conditions?

Describe any speech, hearing or visual problems?

Would there be any restrictions to play or activities?

Are there any food

restrictions?_____



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What language(s) are spoken at home?

Does your child have any security objects such as a blanket, soother, bottle, toy etc. ?

What are your child's favorite activities, toys, books, or games?

Are there any other comments or information you would like to let me know about?

Any

concerns?
