



# CHILD ENROLLMENT FORM

Child's Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Home Address \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_  
Street City Zip

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Name you prefer your child to be called \_\_\_\_\_

## Mother/Guardian

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_ Cell/Pager \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer Address \_\_\_\_\_ Fax Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

## Father/Guardian

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_ Cell/Pager \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer Address \_\_\_\_\_ Fax Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

## Additional Adults Approved for Child's Release

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell/Pager \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell/Pager \_\_\_\_\_

Employer \_\_\_\_\_ WorkPhone \_\_\_\_\_

Requested start date \_\_\_\_\_ Days in attendance (please circle): M T W TH F

Hours in attendance \_\_\_\_\_ a.m./p.m. until \_\_\_\_\_ a.m./p.m. Classroom \_\_\_\_\_

## CHILD/FAMILY PERSONAL HISTORY

The purpose in securing the following information about your child, and his or her family, is to help the teachers get to know and better understand your child. We consider the care of your child a joy, privilege, and serious responsibility. All information will be kept confidential. Thank you.

*Kristine Parks & Carrie Anderson*

Co-Owners / Directors

Other children in the family \_\_\_\_\_  
Name Age

\_\_\_\_\_  
Name Age

Other members of the household (include relationship and age) \_\_\_\_\_

Family status of parents: \_\_\_\_\_ Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Separated.

Child lives with \_\_\_\_\_ Relationship \_\_\_\_\_

Language other than English spoken in the home \_\_\_\_\_ Citizenship \_\_\_\_\_

Are there any special words that would help us communicate with your child? \_\_\_\_\_

Religious or spiritual affiliation? \_\_\_\_\_

Is there any pertinent information about your child's general health or personal history that we should know?

Any allergies (food, medication, soap etc.) \_\_\_\_\_

Child's favorite things \_\_\_\_\_

Child is toilet trained    yes                  no \_\_\_\_\_

Child dislikes \_\_\_\_\_

Child's pets \_\_\_\_\_

Other comments \_\_\_\_\_

Completed by \_\_\_\_\_ Date \_\_\_\_\_

Administration Notes:

Date of Tour: \_\_\_\_\_ Toured with: \_\_\_\_\_ Date Registration Returned: \_\_\_\_\_ Waitlist (circle): yes/no