ENROLLMENT/ADMISSION FORM

Child's Name	Birth Date					
Home Address	City	Date	Zip	_		
Telephone Number						
MOTHER	FATHER					
NAME:	NAME:					
ADDRESS:	ADDRESS:					
CITY/ZIP:	CITY/ZIP:					
PHONE/HOME:	PHONE/HOME:					
PAGER/CELL:	PAGER/CELL:					
SOCIAL SECURITY #:	SOCIAL SECURITY #:					
DRIVER'S LICENSE #:	DRIVER'S LICENSE #:					
EMPLOYER:	EMPLOYER:					
PHONE/EXT:	PHONE/EXT:					
ADDRESS:	ADDRESS:					
CITY/ZIP:	CITY/ZIP:					
SUPERVISOR:	SUPER	VISOR:				
EMERGENCY CONTACTS OTHER THAN PARENT(S)						
NAME:	NAME:					
ADDRESS:	ADDRESS:					
CITY/ZIP:	CITY/ZIP:					
WORK #:	WORK #:					
HOME #:	HOME #:					
PAGER/CELL #:	PAGER/CELL #:					
PERSON(S) DESIGNATED TO PICK UP OR DELIVER CHILD (IF NOT LISTED ABOVE)						
NAME:						
ADDRESS:						
PHONE:						
NAME:						
ADDRESS:						
PHONE:						
PERSON(S) NOT PERMITTED TO PICK UP CHILD						
NAME:						
NAME:						

MEDICAL INFORMATION				
DOCTOR:		PHONE:		
ADDRESS:				
HOSPITAL OF CHOICE:		PHONE:		
ADDRESS:				
DENTIST:		PHONE:		
ADDRESS:				
HEALTH INSURANCE:				
POLICY HOLDER'S NAME:				
POLICY #:				
Please give any information concer- Play Habits				
Eating behavior Food Allergies				
Allergies				
Sleeping Pattern				
Fears				
Likes and Dislikes				
Others				
Siblings (name, sex, age)				
I/We certify that the above information is true and correct to the best of my/our knowledge and I/We will notify this Childcare Provider of any changes. Parent's Signature				
Father	Date	Mother	Date	