



# Child Care Enrollment Form

## CHILD'S INFORMATION

Child's Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ PC/Zip Code: \_\_\_\_\_

Nickname: \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

Mother's Full Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ PC/Zip Code: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_ ext. \_\_\_\_\_

Name of Employer \_\_\_\_\_ Cellular Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_

Work Hours: \_\_\_\_\_ Driver's License # \_\_\_\_\_

Email Address \_\_\_\_\_ Cell phone # \_\_\_\_\_

Father's Full Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ PC/Zip Code: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_ ext. \_\_\_\_\_

Name of Employer \_\_\_\_\_ Pager or Cellular Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_

Work Hours: \_\_\_\_\_ Driver's License # \_\_\_\_\_

Email Address \_\_\_\_\_ Cell phone # \_\_\_\_\_

Parent/Guardian with legal custody \_\_\_\_\_

Parents are: Married \_\_\_ Living Together \_\_\_ Divorced \_\_\_ Separated \_\_\_ Widowed \_\_\_ Single \_\_\_

**Other Household Members:**

Names: \_\_\_\_\_ Ages: \_\_\_\_\_ Relationships \_\_\_\_\_

Names: \_\_\_\_\_ Ages: \_\_\_\_\_ Relationships \_\_\_\_\_

Names: \_\_\_\_\_ Ages: \_\_\_\_\_ Relationships \_\_\_\_\_

**CHILD PICK-UP INFORMATION** Please list below the people who have **\*Permission\*** to pick up your child.

**\*Note:** Anyone picking up your child must have picture ID.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Please list those persons who \*Do Not Have Permission\* to pick up your child.**

**Please explain the reason below or talk to your caregiver so she is aware of the situation.**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Reason person is not allowed to pick up your child:**

Name: \_\_\_\_\_

Reason: \_\_\_\_\_

Name: \_\_\_\_\_

Reason: \_\_\_\_\_

**EMERGENCY CONTACTS Primary Emergency Contact (other than parents or guardian)**

Name: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

**Secondary Emergency Contact (other than parents or guardian)**

Name: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

**Any Special Instructions on how to reach parents:**

\_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY INFORMATION**

- 1. Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_
- 2. Preferred Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_
- 3. Child's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_
- 3. Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_
- 4. Regular Medications: \_\_\_\_\_
- 5. Blood Type: \_\_\_\_\_
- 6. Medicine allergic to: \_\_\_\_\_
- 7. Food Allergies: \_\_\_\_\_
- 8. Any other Allergies: \_\_\_\_\_
- 9. Immunization Record: Date of Last Immunization: \_\_\_\_\_
- 10. Any special health conditions: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

11. Child has had:

**Child suffers from:**

- Measles
- Headaches
- German Measles
- Earaches
- Chicken Pox
- Sore Throat
- Mumps
- Stomach Aches
- Whooping Cough
- Flu / Colds
- Other \_\_\_\_\_
- Other \_\_\_\_\_

# Child # 1

## IMMUNIZATION RECORD

DPT 1. \_\_\_/\_\_\_/\_\_\_ 2. \_\_\_/\_\_\_/\_\_\_ 3. \_\_\_/\_\_\_/\_\_\_ 4. \_\_\_/\_\_\_/\_\_\_ 5. \_\_\_/\_\_\_/\_\_\_

Polio 1. \_\_\_/\_\_\_/\_\_\_ 2. \_\_\_/\_\_\_/\_\_\_ 3. \_\_\_/\_\_\_/\_\_\_ 4. \_\_\_/\_\_\_/\_\_\_ 5. \_\_\_/\_\_\_/\_\_\_

MMR \_\_\_/\_\_\_/\_\_\_ Measles \_\_\_/\_\_\_/\_\_\_ Mumps \_\_\_/\_\_\_/\_\_\_

Rubella \_\_\_/\_\_\_/\_\_\_ TB \_\_\_/\_\_\_/\_\_\_ HIV \_\_\_/\_\_\_/\_\_\_ HIB \_\_\_/\_\_\_/\_\_\_

## OTHER IMPORTANT INFORMATION/PROVISIONS

**Child will need special provisions such as:**

Extra curricular activity  Yes  No

If yes, please give details: (what activity, when, if transportation is required, specific arrangements to attend with other family members/friends, etc.)

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Other provisions we should be aware of: \_\_\_\_\_

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Do you have any outstanding concerns? \_\_\_\_\_

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1. Date of current Physical: \_\_\_\_\_

2. Interview date: \_\_\_\_\_

3. Start date: \_\_\_\_\_

4. Exit date: \_\_\_\_\_