



# CHILD'S ENROLLMENT RECORD

**DIRECTOR'S USE ONLY**  
Date enrolled \_\_\_\_\_

Child's full legal name \_\_\_\_\_  
*First Middle Last*

Sex \_\_\_\_\_ SS# (optional) \_\_\_\_\_ Birthdate \_\_\_\_\_

Child's preferred name/nickname \_\_\_\_\_

Address \_\_\_\_\_  
*Street Address (number, apartment #, street) City State Zip Code*

Home Phone ( ) \_\_\_\_\_

Primary hours child will be in the children's center \_\_\_\_\_

Who has legal custody \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_  
*Street Address (number, apartment #, street) City State Zip Code*

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Mother's name \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Home address \_\_\_\_\_ Zip \_\_\_\_\_  
*Street Address (number, apartment #, street) City State Zip Code*

Place of employment \_\_\_\_\_

Address of employer \_\_\_\_\_  
*Street Address (number, apartment #, street) City State Zip Code*

Telephone ( ) \_\_\_\_\_

Father's name \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Home address \_\_\_\_\_ Zip \_\_\_\_\_  
*Street Address (number, apartment #, street) City State Zip Code*

Place of employment \_\_\_\_\_

Address of employer \_\_\_\_\_  
*Street Address (number, apartment #, street) City State Zip Code*

Telephone ( ) \_\_\_\_\_

Other household members: Adult's names \_\_\_\_\_

Children's names and ages \_\_\_\_\_

The child will be released only to the person(s) authorized, or in the manner authorized, in writing, by the custodial parent(s) or legal guardian(s). The following person must be someone other than the custodial parent(s) or legal guardian(s) and is authorized to remove the child from the facility in case of illness, accident, or emergency, if for some reason the custodial parent(s) or legal guardian(s) cannot be reached:

Name \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_  
*Street Address (number, apartment #, street) City State Zip Code*

Name \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_  
*Street Address (number, apartment #, street) City State Zip Code*

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Child's physician/health resource \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

Address \_\_\_\_\_  
*Street Address (number, apartment #, street) City State Zip Code*

Hospital preference \_\_\_\_\_  
*Name City*

MISCELLANEOUS INFORMATION

Has child had: Surgery \_\_\_\_\_ Serious illness/accident \_\_\_\_\_ Burns \_\_\_\_\_ Convulsions \_\_\_\_\_

Broken bones/dislocated arm \_\_\_\_\_ Other \_\_\_\_\_

List all known allergies \_\_\_\_\_

List all identifying scars, birthmarks, skin discolorations \_\_\_\_\_

Special medical or dietary needs of child \_\_\_\_\_

List any areas of concern \_\_\_\_\_

Instructions regarding toileting \_\_\_\_\_

Child's habits, fears, etc. \_\_\_\_\_

Previous preschool or group experiences (include dates) \_\_\_\_\_

My signature below verifies that:  
I give permission to consult the child's physician/health resource listed above in case of emergency if parent/guardian cannot be reached.

I have received a copy of the "Know Your Child's Children's Center" brochure and a copy of the children's center discipline policy.

I verify that the information on this enrollment form is complete and accurate.

\_\_\_\_\_  
Signature of Custodial Parent or Legal Guardian Date