

LEARN & GROW CHILD CARE CENTER

ENROLLMENT FORM

ALL SECTIONS NEED TO BE FILLED OUT COMPLETELY FOR CHILD TO START!!!!

CHILD'S INFORMATION

Start Date: _____ End Date: _____
Child's Name: _____ Gender: M F Date Of Birth: _____
Child's Address: _____ Phone: _____
City: _____ State: _____ Zip: _____
Best Contact Phone # 1: _____ Best Contact E-mail 1: _____
Best Contact Phone # 2: _____ Best Contact E-mail 2: _____

Schedule your child will be attending (Enter time, e.g. 8:15-5:15 or split 7:00-12:00/3:00-5:00)

Monday		Tuesday		Wednesday		Thursday		Friday	
IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT

PARENT/GUARDIAN INFORMATION

(1) Primary Parent Allowed To Pick Up Child Y ___ N ___ (2) Secondary Parent Allowed To Pick Up Child Y ___ N ___
(1) Primary Name: _____ (2) SecondaryName : _____
(1) Cell Phone: _____ (2) Cell Phone: _____
(1) E-Mail Address: _____ (2) E-Mail Address: _____
(1) Employer: _____ (2) Employer: _____
(1) Work Phone: _____ (2) Work Phone: _____

OTHER PERSONS AUTHORIZED TO PICK UP CHILD (At least one is required)

Name: _____ Phone # _____ Relationship to Child _____
Name: _____ Phone # _____ Relationship to Child _____

MEDICAL INFORMATION

Allergies: Food _____ Seasonal _____
Medications _____ Other _____
Child's Physician: _____ Office Phone #: _____
Daily Medications: _____
Medical Conditions: _____

Hospital Preference (Please circle Only One choice)

Rock Regional, Derby St. Francis Wellington Wesley Other _____