LEARN & GROW CHILD CARE CENTER

ENROLLMENT FORM

Start Date: _____ **End Date:** _____

CHILD'S INFORMATION

Child's Primary Address (Circle One)
Guardian 1 or Guardian 2

Child's Name: _____

Gender: M / F (Circle One) **Date Of Birth:** _____

Schedule your child will be attending (enter time, e.g. 8:15-5:15)

Monday	Tuesday	Wednesday	Thursday	Friday

Best Contact Phone #: _____

Best Contact E-mail: _____

PARENT/GUARDIAN INFORMATION

(1) Primary Parent/Guardian: _____ Allowed To Pick Up ☐

Home Address: _____ **Home Phone:** _____

City: _____ **State:** _____ **Zip:** _____

E-Mail Address: _____ **Cell Phone:** _____

Employer: _____ **Work Phone:** _____

(2) Secondary Parent/Guardian: _____ Allowed To Pick Up ☐

Home Address: _____ **Home Phone:** _____

City: _____ **State:** _____ **Zip:** _____

E-Mail Address: _____ **Cell Phone:** _____

Employer: _____ **Work Phone:** _____

OTHER PERSONS AUTHORIZED TO PICK UP CHILD

Name: _____ **Phone #** _____ **Relationship** _____

Name: _____ **Phone #** _____ **Relationship** _____

Name: _____ **Phone #** _____ **Relationship** _____

Name: _____ **Phone #** _____ **Relationship** _____

MEDICAL INFORMATION

Allergies: _____ **Medications:** _____

Child's Physician: _____ **Dr.'s Phone #:** _____

Hospital Preference: Wesley Galichia St. Francis Wellington
**********Circle One**********