

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: _____

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) Secondary Name : _____
(1) Cell Phone: _____ (2) Cell Phone: _____
(1) E-Mail Address: _____ (2) E-Mail Address: _____
(1) Employer: _____ (2) Employer: _____
(1) Work Phone: _____ (2) Work Phone: _____

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 _____