

GROUP CHILD CARE CHILD'S ENROLLMENT FORM

Program: Group : _____
Child's name: _____ eye color _____ skin color _____
 Home Address: _____ Hair color: _____ height: _____
 Telephone number _____ sex _____ weight _____
 Date of birth: _____ Age at Admission _____ primary language _____

PARENT/GUARDIAN INFORMATION

Parent/guardian name: _____	Parent/guardian name: _____
Relationship to child: _____	Relationship to child: _____
Home Address: _____	Home Address: _____
Home Telephone #: _____	Home Telephone #: _____
Work Place: _____	Work Place _____
Work Phone# _____	Work Phone# _____
Hours at work: _____	Hours at work: _____

ADDITIONAL INFORMATION

Child's physician: _____
Physical's address: _____
Any chronic health conditions: _____
Any special limitations or
concerns: _____

parent signature: _____ **date:** _____