

CHILD'S ENROLLMENT RECORD

DIRECTOR'S USE ONLY	
Date enrolled	

Child's full legal name				
First	Middle	lirth Date		
Sex				
Child's preferred name/nickname				
Address Street Address (number, apartment #, street)	City	State	Zip Code	
Primary hours child will be in the children's center_			*	
Days of week child will be in the children's center				
Who has legal custody				
		Relationship		
AddressStreet Address (number, apartment #, street)	City	State	Zip Code	
Home Phone	recon way was the re-			
Parent's name				
Home Phone				
Home Address				
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	-			
Parent's Name				
Home Phone	Cell Phone			
Home Address	45			
Home AddressStreet Address (number, apartment #, street)	City	State	Zip Code	
Place of Employment				
Address of Employer				
Telephone		State	Zip Code	
relephone				
The child will be released only to the person(s) authorized parent(s) or legal guardian(s). The following person mus guardian(s) and is authorized to remove the child from the some reason the custodial parent(s) or legal guardian	t be someone other	er than the custod f illness, accident,	ial parent(s) or legal	
Name	de montre productive militate management			
24 101				
Address				
Street Address (number, apartment #, street)	City	State	Zip Code	
Name				
A A SECURITION OF THE PROPERTY				
Address Street Address (number, apartment #, street)	City	State	Zip Code	

CHILD'S ENROLLMENT RECORD (Back Page)

Name of Dentist	Telephone		
Address		No. of the second secon	
Street Address (number, apartment #, street	t) City	State	Zip Code
MISCELLANEOUS INFORMATION			
List all known allergies	wasansayan a sa watan an	each	F 1988 TO 1500 TO 150 TO 1
List all identifying scars, birthmarks, skin disco	lorations		
Special medical or dietary needs of child			
List any areas of concern			

My signature below verifies that: give permission to consult the child's phys parent/legal guardian cannot be reached.	sician/health resource lis	sted above in case	of emergency if
have received a copy of the "Know Your C	hild's Children's Center'	' brochure, and a co	opy of the
was notified that the snacks/meals served	daily are: □Breakfast □A	M Snack □Lunch □l	PM Snack □Dinner
verify that the information on this enrollme	ent form is complete and	accurate.	
Signature of Custodial Parent or Legal Guar	dian	Date	9