



2010—2011 Enrollment Form

Child's Name _____

Date of Birth _____

Address _____

Home Phone _____

Email address: _____

Mother's Name _____ Work Phone _____

Place of employment _____ Cell Phone _____

Father's Name _____ Work Phone _____

Place of employment _____ Cell Phone _____

Other children in the home

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Emergency Contacts (also authorized to pick up my child in my absence)

Emergency Contact 1 _____

Relationship _____ Phone _____

Emergency Contact 2 _____

Relationship _____ Phone _____

Emergency Contact 3 _____

Relationship _____ Phone _____

Allergies _____

Diet restrictions _____

Medical conditions _____

Child's Physician _____ Phone _____

Days of attendance: **M T W Th**

(Preschool ages 2—4 may circle 2, 3, or 4 days; Toddlers ages 15-24 mos. may circle 1, 2, 3, or 4 days)

For Center Use Only

Registration fee paid \$ _____ Date _____ Cash _____ Check# _____

Class assignment _____