

Form C—Child enrollment information

Child's full name:		Birth date:
Child's address:		Phone:
Name child is called:		
Parent or Guardian		Parent or Guardian
Name:		Name:
Home address:		Home address:
Work address:		Work address:
Home phone:		Home phone:
Cell:		Cell:
Work phone:		Work phone:

Does your child have any special needs? _____

Health care professional/doctor to call if child becomes ill: _____

Address: _____ Phone: _____

Emergency contacts if parent or guardian cannot be reached:

Name: _____ Name: _____

Home address: _____ Home address: _____

Home phone: _____ Home phone: _____

Work phone: _____ Work phone: _____

Cell: _____ Cell: _____

Employer: _____ Employer: _____

The following persons are allowed to pick up my child in the event I am unable to:

Anyone **NOT** permitted to pick up my child (with copy of court order if applicable):

Parent/Guardian signature _____ **date** _____

Parent/Guardian signature _____ **date** _____

continued

Form C—Child enrollment information—continued

Physical Information

Allergies: _____

Medications: _____

Does your child have any unusual eating habits? likes? dislikes? (explain) _____

What is your child's usual waking time? _____
Nap time? _____ Bed time? _____

Does your child have any special problems or fears? _____

Does your child have any nervous habits? How does she/he display them? _____

Is your child completely toilet trained? _____

Has your child had any previous group experience? _____
What type? _____

What kind of play does he/she prefer? books blocks puzzles/games music
 outdoor sand/water pretend

Are there any areas where you have special concerns? _____

What forms of discipline do you use with your child? _____

Does your child have any pets? _____ If so, what kind and what are their names?

Is there any further information that might be helpful in understanding your child?

