Walnut Hill Early Childhood Center
Infant Enrollment Form

Child's Information

Child's Name_____

How you would like your child's name written in the classroom_____

Date of Birth_____Birthplace_____Gender_____

Home Address_____Phone_____

Email for Walnut Hill ECC correspondence_____

Parent/Guardian Information

Mother's Name_____

Address_____Home Phone_____

Cell Phone_____Email _____

Occupation_____Place of Employment_____

Employment Address_____Work Phone_____

Father's Name_____

Address_____Home Phone_____

Cell Phone_____Email _____

Occupation_____Place of Employment_____

Employment Address_____Work Phone_____

Legal Guardian's Name_____

Address_____Home Phone_____

Cell Phone_____Email _____

Occupation_____Place of Employment_____

Employment Address_____Work Phone_____

Parents' Marital Status ___Married____Single___Divorced____Separated____Remarried

Step Parent's Name_____

What are the custody arrangements for your child?_____

_____

What is the primary language spoken in the home?_____

If the primary language is other than English, describe how you would like it addressed in the classroom.

_____

The Child's Family

Parent(s) or Guardian(s)

Name_____Birth Date_____

Education (Include highest grade completed or degree achieved)_____

_____

Name_____Birth Date_____

Education (Include highest grade completed or degree achieved)_____

_____

Other children in the family (list by order of birth)

Name	Gender	Birth Date	What Grade in School?

Additional Household Members:

Health History

Please list all allergies and any special precautions/treatment for these allergies:

List any medications (prescription, OTC, supplements) currently being administered:

List any chronic physical problems and any history of hospitalizations:

List any diseases, serious illnesses, serious accidents or surgeries:

Has your child ever had an ear/hearing examination?_____When?_____

By Whom?_____Results:_____

Has your child ever had a vision examination/treatment?_____When?_____

By Whom?_____Results:_____

Please share any other information we should know about your child's health:

Parenting Styles

Please describe your parenting style:

Please describe your method of discipline and its effectiveness (if applicable):

Do you have any concerns or questions about your child's development that you would like to see addressed? Please explain.

Please list any events that have had the greatest impact on your child (moving, births, deaths, illness, etc.)

Please share any other information/observations/questions that would be helpful for us to know.

Pick-Up Information

- Your child will be released to the following individuals only. (You do not need to include yourself.)
- In case of emergency, these people may be given access to child's pertinent health information.
- Changes can be made in person only, not by phone.

1. Name_____Phone_____
   Address_____
   Relationship_____

2. Name_____Phone_____
   Address_____
   Relationship_____

3. Name_____Phone_____
   Address_____
   Relationship_____

4. Name_____Phone_____
   Address_____
   Relationship_____

5. Name_____Phone_____
   Address_____
   Relationship_____

6. Name_____Phone_____
   Address_____
   Relationship_____

If your child becomes injured or ill at the center who should we call?

First: Name_____Number_____

Second: Name_____Number_____