








CHILD ENROLLMENT FORM





A. BASIC INFORMATION  **Child**  **Pregnant Mother/Due Date:** _____

Applicant's Name: _____ **Birth Date:** _____

Check all that apply:

Race:  Black  White  Asian  Multiracial
 American Indian/Native American
 Native Hawaiian  Other Pacific Islander

Languages Spoken in Home:

Ethnicity:  Hispanic/Latino  Non Hispanic/Non Latino **Gender:**  Female  Male

Mother's Name: _____ **Home Phone:** _____

Home Address: _____

Business Address: _____ **Work Phone:** _____

Father's Name: _____ **Home Phone:** _____

Home Address: _____

Business Address: _____ **Work Phone:** _____

Legal Guardian's Name _____ **Home Phone:** _____

Home Address: _____

Business Address: _____ **Work Phone:** _____








Household Composition: **Household Size:** _____

Child lives with: Mother _____ Father _____ Both Parents _____
 Other _____

Other Children/Adults living with applicant:

Name _____	Age _____	Relation _____
Name _____	Age _____	Relation _____
Name _____	Age _____	Relation _____
Name _____	Age _____	Relation _____
Name _____	Age _____	Relation _____

How did you hear about us?

 Flyer  Internet  Family/Friend  Walk In  Agency  311
 Other: _____

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B. HEALTH CARE INFORMATION

Name of pediatrician/doctor or health clinic: _____

Type of health insurance coverage: _____

Business Address: _____ Phone: _____

Allergies: _____

Medical Conditions: _____

C. DEVELOPMENTAL BACKGROUND

1. Name of previous child care program attended:

2. Does your child have any special problems/fears?

3. Child's favorite activities, foods:

4. Child's nap pattern:

5. Child's favorite toy or blanket:

6. Toilet habits: _____ Words used (ex: potty): _____
7. Child's eating habits: _____
8. What type of your child's behavior is most difficult to deal with?

9. What makes your child frustrated or upset?

10. Family rules that provider should know about:

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11. Any additional information about child the provider should know:

D. ESCORT RELEASE INFORMATION

PICK UP AUTHORIZATION

Person authorized to pick up: _____ Relationship: _____

Cell/Home Phone: _____ Work Phone: _____

Person authorized to pick up: _____ Relationship: _____

Cell/Home Phone: _____ Work Phone: _____

Person authorized to pick up: _____ Relationship: _____

Cell/Home Phone: _____ Work Phone: _____

Persons NOT ALLOWED to pick up child: _____

FIELD TRIP PERMISSION

I give my permission for my child, _____, to attend all field trips and be involved in other supervised activities.

List exceptions: _____

PARENT/GUARDIAN SIGNATURE _____ Date: _____

MEDICAL EMERGENCY RELEASE

In case of sickness or accident, I give my permission to the doctor, clinic personnel, or emergency room personnel at the hospital to provide emergency care through the doctor's office, clinic, or hospital. I agree to meet the Atlantic Avenue Early Learning staff at said office, clinic, or hospital, if necessary.

PARENT/GUARDIAN SIGNATURE _____ Date: _____

I declare that the above information is true and correct to the best of my knowledge

PARENT/GUARDIAN SIGNATURE _____ DATE: _____

STAFF ONLY Required documents:

- Birth Certificate
- Immunization Record
- Medical Examination Form
- Financial Documents
- Individualized Family Service Plans/Early Intervention (if apply)