



CHILD'S ENROLLMENT RECORD

DIRECTOR'S USE ONLY
Date enrolled _____

Child's full legal name _____
First Middle Last Nickname

Date of Birth _____ Sex _____

Primary Hours of Care From _____ To _____ Days of Week in Care _____

Child's Physical Address _____
Street Address (number, apartment #, street) City State Zip Code

Child Lives With _____
(Include parents and additional family members within the household)

Family Information:

Parent's Name _____ Parent's Name _____

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Employer: _____ Employer: _____

Address: _____ Address: _____

Work Phone _____ Cell Phone _____ Work Phone _____ Cell Phone _____

Custody: Mother _____ Father _____ Both _____ Other _____ Name _____

Emergency Contacts

Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the children's center in case of illness, accident or emergency, **if for some reason the custodial parent(s) or legal guardian(s) cannot be reached:**

Name _____

Home Phone _____ Cell Phone _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

Name _____

Home Phone _____ Cell Phone _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

Please use additional sheet of paper (St. Jerome ECC Permit to Remove Form) to list name, address and phone number of any other people authorized to pick the child up.

Student Name _____

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Child's Physician/Health Resource _____

Telephone Number _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

Hospital Preference _____

Name of Dentist _____ Telephone _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

Emergency Care Plan Instructions (if applicable) N/A

MISCELLANEOUS INFORMATION

List all known allergies _____

List all identifying scars, birthmarks, skin discolorations _____

Special medical or dietary needs of child _____

List any areas of concern _____

My signature below verifies that:

I give permission to consult the child's physician/health resource listed above in case of emergency if parent/legal guardian cannot be reached.

I have received a copy of the "Know Your Child's Children's Center" brochure, and a copy of St. Jerome ECC's discipline and expulsion policies.

I was notified that the snacks/meals served daily are: N/A

I give permission for my child to participate in food related activities.

____ My child **DOES NOT** have a food allergy or dietary restriction.

____ My child **DOES** have a food allergy or dietary restriction. He or she may participate, but may not eat or handle the following items (please list) _____

____ My child **DOES** have a food allergy or dietary restriction. He or she may not participate in food related activities.

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate. I hereby grant permission for the staff of this facility to have access to my child's records.

Signature of Custodial Parent or Legal Guardian

Date