

CHILDREN'S ENROLLMENT RECORD

Date of Enrollment _____

Child's Name _____

Nickname _____

Home Address _____

Home Phone _____ Sex: M F Age _____ Date of Birth _____

Family Members: _____

Mother or Guardian's Name _____

Address if different from child's _____

Home Phone _____ Cell Phone _____ Email _____

Name of employment _____ Work Phone _____

Address of employment _____

Father or Guardian's Name _____

Address if different from child's _____

Home Phone _____ Cell Phone _____ Email _____

Name of employment _____ Work Phone _____

Address of employment _____

Special instructions for reaching parent or guardian

 **EMERGENCY CONTACTS**

1. Name _____

Home Phone _____

Address _____

Work Phone _____ Relationship to child _____

2. Name _____

Home Phone _____

Address _____

Work Phone _____ Relationship to child _____

 **CHILD PICK UP INFORMATION**

Persons authorized to pick up your child
(Must show photo ID)

Name _____


Home Phone _____ Work Phone _____

Name _____

Home Phone _____ Work Phone _____

Name _____

Home Phone _____ Work Phone _____

 **General Information about Child**

Habits: _____

Eating Behaviors: _____

Sleeping Pattern: _____

Fears: _____

Likes/ Dislikes: _____

Other: _____

⌘ Medical Information

⌘ Name, address and phone number of child's doctor _____

⌘ Hospital of Preference (Please check one)

Memorial Hospital
719-365-5000

Penrose Hospital
719-776-5000

Evans Army Community Hospital
719-526-7000

Other _____

⌘ Is your child fully immunized? Yes No

(Completed immunization records must be provided on or before the first day the child is in care.)

⌘ Food

Allergies _____

⌘ HEALTH HISTORY
(Chronic or recurring)

- Ear Infections
- Diabetes
- Heart disease/defect
- Convulsion/seizures
- Asthma
- Nosebleeds
- Other _____

⌘ ALLERGIES

- Hay Fever
- Plant Poisoning
- Insect stings
- Penicillin
- Animals
- Other _____

Is the child on any medications? Yes No

If yes explain and name them _____

Physical Limitations Yes No If yes describe _____

Dietary Limitations Yes No If yes describe _____

⌘ Parent/Guardian Signature _____ Date _____