

BEST FRIENDS CHILD'S ENROLLMENT FORM

Child's Information

Child's Full Name: _____

Date of Birth: _____ Date of Admission: _____ Age at Admission _____

Child's Home Address: _____

City/Town: _____ Phone#: _____

Primary Language: _____ Identifying Marks: _____

Eye Color: _____ Hair Color: _____ Skin Color: _____ Sex: ___ Height ___ Weight _____

Has child been enrolled in childcare program in the past? _____ If so where and why the change?

Child's Physician: _____

Physician Street Address: _____

City/Town: _____ Phone #: _____

Allergies/Special Diets? _____

Individual Health Plan for child with a chronic health condition? If yes, please attach

Copies of any custody agreements, court orders, and restraining orders pertaining to the child? If yes, please attach.

Special limitations or concerns?

School Age Child Only

Current School: _____

School Address: _____

City/Town: _____ Phone#: _____

Parent/Guardian Signature

Date

Parent/Guardian Information

Parent/Guardian Name: _____

Home Address: _____

City/Town: _____ Zip Code: _____

Mailing Address If Different: _____

Cell Phone #: _____ Email: _____

Employment: _____

Employer's Address: _____

Employer's Phone#: _____

Hours At Work: Mon. _____ Tues _____ Wed _____ Thurs _____ Fri _____

Parent/Guardian Name: _____

Home Address: _____

City/Town: _____ Zip Code: _____

Mailing Address If Different: _____

Cell Phone #: _____ Email: _____

Employment: _____

Employer's Address: _____

Employer's Phone#: _____

Hours At Work: Mon. _____ Tues _____ Wed _____ Thurs _____ Fri _____

Parent/Guardian Signature

Date