

Administrative Use Only
ALLERGY ALERT
 (Please check one below)

Yes
 No



Administrative Use Only

Start Date _____

Program _____

Classroom _____

Enrollment Application

Child Information

Child's name		Sex	Date of birth
Name(s) of person(s) and the relationship with whom the child lives			
E-mail address		Area code	Home phone
Home street address	City	State	Zip
Parent/Guardian Marital Status: Single Married Separated Divorced Widowed <i>(Please circle one)</i>			
Mother/guardian's place of employment		Business # & Cell phone #	
Father/guardian's place of employment		Business # & Cell Phone #	

Circle Days to Attend:

AM: MON TUES WED THU FRI Arrival Time: _____ Departure Time: _____

PM: MON TUES WED THU FRI Arrival Time: _____ Departure Time: _____

Meals While in Care: Breakfast _____ Lunch _____ P.M. Snack _____

Emergency contact Information

In case of emergency, if the parent or guardian cannot be reached, list person(s) to notify, in order of preference:

FULL NAME	Home Phone or work phone	Cell Phone

The following completed forms should be submitted with this enrollment form:

1. Child Profile
2. Immunization record
3. Signed Parent Agreement
4. Feeding Plan (for infants Only)
5. Photo Release Form

Health record

Child's physician or clinic			Phone
Street address	City	State	Zip

Does your child have any individual special needs involving routine care, behavior and guidance, communication, or positioning? If yes, please describe:

Is your child allergic to any foods, medications, etc.? If yes, please describe:

Describe any special precautions for diet, medication, or activity, if applicable:

I give permission to the child care staff to consult with health and child development professionals regarding my child's needs.

Yes No

Transportation

I give permission for this child to be transported:
to nearest medical facility, if a medical emergency occurs and I cannot be reached

Yes No

Pick up permission

Persons having permission to pick up child:

Name	Phone

Signature of parent/guardian

Date

To be completed by Little Minds 1st Academy:

Date child entered facility: _____

Date child withdrawn: _____