

CHILD'S ADMISSION RECORD * *It is very important the ALL INFORMATION (names, addresses and phone numbers) be completely filled out.*

Date of Enrollment: _____ Child's Age on Start Date: _____

Last Name: _____ First Name: _____ Middle: _____
Name by which the child is most often called: _____

Birth Date: _____

Home Address: _____

Phone: _____

Father or Guardian's Name: _____

Address: _____

Phone: (home) _____ (work) _____ (cell) _____

Employer: _____

Work Address: _____

Position/Title: _____

E-Mail Address: _____

Mother or Guardian's Name: _____

Address: _____

Phone: (home) _____ (work) _____ (cell) _____

Employer: _____

Work Address: _____

Position/Title: _____

E-Mail Address: _____

If neither parent nor guardian can be reached, in case of emergency, call: (Name, address & phone) **MUST BE COMPLETED:** _____

Person(s) designated to pick up or deliver child (Name, address and telephone): _____

Person(s) not permitted to pickup child: _____

Child's Doctor: _____

Address and Phone: _____

Child's Dentist: _____

Address and Phone: _____

Other children in family: _____

Other adults in family (please state relationship to child): _____

Please list any information concerning your child which will be helpful to your child's teacher

Play habits: _____

Eating behavior: _____

Type of Formula: *(infants only)* _____

Sleeping pattern: _____

Likes and Dislikes: _____

Previous experience in child care: _____

Medical Information

What illnesses has your child had in the past month? _____

What treatment was given? _____

When was the last prescription medicine given to this child? _____

List any chronic or handicapping problems your child has. (I.e. seizures , asthma, diabetes, heart disease, respiratory illness, drug reaction, etc. _____

List any psychological findings: _____

Describe any allergies, including foods which have caused adverse reactions, or any food not to be given to the child for health or religious reasons: _____

Has your child had contact with tuberculosis? _____

Signature of Parent or Guardian

Date

Other children in family: _____

Other adults in family (please state relationship to child): _____

Please list any information concerning your child which will be helpful to your child's teacher

Play habits: _____

Eating behavior: _____

Type of Formula: *(infants only)* _____

Sleeping pattern: _____

Likes and Dislikes: _____

Previous experience in child care: _____

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Signature of Parent or Guardian

Date