



CHILD'S ENROLLMENT RECORD

DIRECTOR'S USE ONLY

Date enrolled _____

Child's full legal name _____
First Middle Last

Sex _____ Birth Date _____

Child's preferred name/nickname _____

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

Primary hours child will be in the children's center _____

Days of week child will be in the children's center _____

Who has legal custody _____ Relationship _____

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

Home Phone (____) _____ Cell Phone (____) _____

Parent's name _____

Home Phone (____) _____ Cell Phone (____) _____

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

Place of Employment _____

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

Telephone (____) _____

Parent's name _____

Home Phone (____) _____ Cell Phone (____) _____

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

Place of Employment _____

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

Telephone (____) _____

The child will be released only to the person(s) authorized, or in the manner authorized, in writing, by the custodial parent(s) or legal guardian(s). The following person must be someone other than the custodial parent(s) or legal guardian(s) and is authorized to remove the child from the facility 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

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