

Early Childhood Learning Center  
Enrollment Form 2015-2016

CHILD'S Full Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Sex: Male / Female    Date of Birth \_\_\_\_\_ Allergy Alerts: \_\_\_\_\_

Usual Drop-off Time \_\_\_\_\_ Usual Pick-up Time \_\_\_\_\_

FAMILY INFORMATION

MOTHER'S (or legal guardian's) Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Employed by \_\_\_\_\_ Scheduled Hours \_\_\_\_\_

Work Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

FATHER'S (or legal guardian's) Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Employed by \_\_\_\_\_ Scheduled Hours \_\_\_\_\_

Work Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Are there any specific custody issues? \_\_\_\_\_

Sibling Name(s) \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

Persons authorized to pick up child (other than above). May use back of form also.

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

What is the primary language spoken in the home? \_\_\_\_\_