

# GROUP CHILD CARE CHILD'S ENROLLMENT FORM

TWO DAY \_\_\_\_\_  
THREE DAY \_\_\_\_\_  
THREE DAY, SPLIT TIME \_\_\_\_\_

PLAYGROUP \_\_\_\_\_  
FIVE DAY \_\_\_\_\_

Child's Name: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Skin Color: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Height: \_\_\_\_\_  
Town: \_\_\_\_\_ Sex: \_\_\_\_\_ Weight: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Date of Admission: \_\_\_\_\_ Age At Admission: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Primary Language \_\_\_\_\_  
Identifying Marks: \_\_\_\_\_  
Allergies/special diets: \_\_\_\_\_

### **PARENT/GUARDIAN INFORMATION:**

Parent/Guardian Name: _____	Parent/Guardian Name: _____
Relationship to child: _____	Relationship to child: _____
Home Address: _____	Home Address: _____
City: _____	City: _____
Home Telephone #: _____	Home Telephone #: _____
Business Name: _____	Business name: _____
Business Address: _____	Business Address: _____
Bus. Telephone: _____	Bus. Telephone: _____
Hours at work: _____	Hours at _____
work: _____	

### **Additional Information:**

Child's Physician/Clinic: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Chronic Health Conditions: \_\_\_\_\_  
Special limits or concerns: \_\_\_\_\_

I understand that this is a co-operative nursery school, and that I am expected to help out in the classroom approximately once a month.

PARENT SIGNATURE \_\_\_\_\_  
DATE: \_\_\_\_\_

A \$50 NON-REFUNDABLE REGISTRATION FEE PER FAMILY MUST  
ACCOMPANY THIS FORM

CASH \_\_\_\_\_ CHECK NUMBER \_\_\_\_\_

Children must be 3 years old by October 1 to be eligible for the three day program and  
Children must be 4 years old by October 1 to be eligible for the five- day program.

PARENT SIGNATURE \_\_\_\_\_  
DATE \_\_\_\_\_

