



# CHILD'S ENROLLMENT RECORD

**DIRECTOR'S USE ONLY**

Date enrolled \_\_\_\_\_

Child's full legal name \_\_\_\_\_  
*First Middle Last Nickname*

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Primary Hours of Care From \_\_\_\_\_ To \_\_\_\_\_ Days of Week in Care \_\_\_\_\_

Child's Physical Address \_\_\_\_\_  
*Street Address (number, apartment #, street) City State Zip Code*

**Family Information:**

Child Lives with \_\_\_\_\_

Parent's Name \_\_\_\_\_ Parent's Name \_\_\_\_\_

Address: \_\_\_\_\_ Address \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

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

Custody: Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_ Other \_\_\_\_\_ Name \_\_\_\_\_

**Emergency Contacts:**

Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the children's center 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*

**Please use additional sheet of paper to list name, address and phone number of any other people authorized to pick the child up.**

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**Medical Information:**

**Child's Physician/Health Resource** \_\_\_\_\_

Telephone Number \_\_\_\_\_

Address \_\_\_\_\_  
*Street Address (number, apartment #, street) City State Zip Code*

**Hospital Preference** \_\_\_\_\_

**Name of Dentist** \_\_\_\_\_ **Telephone** \_\_\_\_\_

Address \_\_\_\_\_  
*Street Address (number, apartment #, street) City State Zip Code*

**Emergency Care Plan instructions (if applicable)** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MISCELLANEOUS INFORMATION**

List all known allergies \_\_\_\_\_

List all identifying scars, birthmarks, skin discolorations \_\_\_\_\_

Special medical or dietary needs of child \_\_\_\_\_

\_\_\_\_\_

List any areas of concern \_\_\_\_\_

\_\_\_\_\_

My signature below verifies that: I give permission to consult the child's physician/health resource listed above in case of emergency if parent/legal guardian cannot be reached.

I have received a copy of the "Know Your Child's Children's Center" brochure and a copy of the children's center Discipline/Expulsion Policy.

I understand the Snack and Nutrition Policies at SIECC and will provide a daily snack for my child.

I have read and agree with the Family Handbook Policies, rules and regulations found on the website [www.st.ignatius.net](http://www.st.ignatius.net) under the "Schools" tab.

My signature below indicates that I have received the above items and that the information on this enrollment for is complete and accurate. I hereby grant permission for the staff of this facility to have access to my child's records.

**Signature of Custodial Parent or Legal Guardian** \_\_\_\_\_

**Date** \_\_\_\_\_