

CHILD'S ADMISSION RECORD

** It is very important that ALL INFORMATION (names, addresses and phone numbers) is provided.*

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

Last Name: _____ First Name: _____ Middle: _____

Name by which the child is most often called: _____

Home Address: _____

Phone: _____

Father or Guardian's Name: _____

Address: _____

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

Employer: _____ Position/Title: _____

Work Address: _____

Mother or Guardian's Name: _____

Address: _____

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

Employer: _____ Position/Title: _____

Work 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): _____

Would you like to know when your child reaches a milestone? (1st word, 1st step, etc.) _____

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. (ie. 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