



FIRST DISCOVERY
CHILD DEVELOPMENT CENTER
ENROLLMENT FORM

CHILD INFORMATION:

DATE OF BIRTH: _____ SEX: _____

DATE OF ENROLLMENT: _____

PREVIOUS CHILD DAY CARE PROGRAMS AND PREVIOUS SCHOOLS: _____

FULL NAME: (LAST, FIRST, MIDDLE) _____

NICKNAME: _____

CHILD'S ADDRESS: _____

PRIMARY HOURS OF CARE: FROM: _____ TO: _____

FAMILY INFORMATION:

CHILD LIVES WITH: _____

CUSTODY: MOTHER/ FATHER/ BOTH/ OTHER (SPECIFY): _____

MOTHER'S NAME: _____

ADDRESS: _____

PHONE: _____ Email: _____

CELLPHONE: _____

EMPLOYER: _____

PHONE: _____

FATHER'S NAME: _____

ADDRESS: _____

PHONE: _____ Email: _____

CELLPHONE: _____

EMPLOYER: _____

PHONE: _____



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MEDICAL INFORMATION: I HEREBY GRANT PERMISSION FOR THE STAFF OF THIS FACILITY TO CONTACT THE FOLLOWING MEDICAL PERSONNEL TO OBTAIN EMERGENCY MEDICAL CARE IF WARRANTED.

DOCTOR: _____

ADDRESS: _____

PHONE: _____

DENTIST: _____

ADDRESS: _____

PHONE: _____

HOSPITAL PREFERENCE: _____

PLEASE LIST ALLERGIES, SPECIAL MEDICAL OR DIETARY NEEDS, CHRONIC PHYSICAL PROBLEMS, PERTINENT DEVELOPMENT INFORMATION, SPECIAL ACCOMMODATIONS OR OTHER AREAS OF CONCERN:

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 FACILITY IN CASE OF ILLNESS, ACCIDENT, OR EMERGENCY, IF FOR SOME REASON THE CUSTODIAL PARENT OR LEGAL GUADIAN CANNOT BE REACHED:

NAME ADDRESS WORK # HOME#

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