



Enrollment Form

Please check or fill all applicable information

Child's Information

Child's Full Name: _____

Date of Birth : _____ Age : _____ Gender : Male Female

Home Address: _____

Is child currently attending any programs ? Preschool Pre-k Program Child Care / Day Care Others

Tentative enrollment dates for school _____

Parents Information

Father's Name : _____ Mother's Name: _____

Contact No : _____ Contact No. : _____

Email Id : _____ Email Id : _____

Occupation : _____ Occupation : _____

EMERGENCY CONTACT AND RELEASE PERSONS

Please list the persons you would like contacted (in order of priority) if you cannot be reached in case of emergency. Check the "Emergency Contact and Release" box, as the persons listed will also be authorized to pick up or accompany the child for the purposes of medical treatment. We will not release a child to anyone (other than the parent) under the age of eighteen (18), including siblings.

Additionally, please list the persons you would like to be authorized for pick-up only on a given day (i.e., babysitter/nanny/driver). For these persons, check the "Release Only" box. For the safety of your child, we will request all authorized release persons with whom staff are not familiar to provide government-issued photo identification at the time of pick-up.

Name #1 _____ Name #2 _____

Relationship to Child _____ Relationship to Child _____

Home No _____ Home No _____

Mobile No _____ Mobile No _____

Home Address _____ Home Address _____

Gov Issue Photo ID Type _____ Gov Issue Photo ID Type _____

Emergency Contact and Release Release Only Emergency Contact and Release Release Only

If you want a person who is not identified above to pick up your child, you must notify Center staff in advance, in writing. Your child will not be released without prior authorization. If you must pick up your child after closing time, you will be charged a late fee per every 15 minutes or portion of 15-minute period, per child, until the child(ren) is/are picked up.

Child's Profile

You know your child better than anyone else in the world! You have observed your child on a day-to-day basis and are uniquely qualified to share your insight about your child's development with us. Please take a moment to complete this profile, as the information will help us know your child better and to meet his or her individual needs.

What would you like for your child to experience with us? _____



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List all family members of home?

ADULTS

Name : _____ Relationship : _____
Name : _____ Relationship : _____
Name : _____ Relationship : _____

CHILDREN

Name : _____ Age : _____
Name : _____ Age : _____
Name : _____ Age : _____

Who also cares for your child?

What does your child enjoy doing the most?

What are your child's favorite toys?

What are your child's play interests or favorite activities (preference for creative, dramatic, or construction play)?

What language is spoken in your home?

What are the foods your child likes best?

What are your child's mealtime routines at home?

How many hours of sleep does your child receive at night?

How does your child express anger or react to his/her unlikely situation?

What do you think is the best way to discipline your child?

When did your child begin to use language?

How would you describe your child (personality characteristics)?

Is there anything else in your child's experience you would like to tell us so we can better meet your child's needs?

Has your child had previous preschool experiences?

Do you have a special interest or hobby you would like to share with the children?

Any specific instance when your child is most affected (emotionally, mentally, and physically)?

Medical History

Medications Allergen : _____ Medications Reaction : _____

Food Allergen : _____ Food Reaction : _____ Others : _____

Notes:

Please attach a photocopy of child's birth certificate and any government recognized photocopy of both the parents/guardians (which includes home address).