



Infant – Preschool

CHILD INFORMATION

Today's Date: _____

Name: _____
Last First MI

Birth Date: ____/____/____ Gender: ____ Female ____ Male

Child's Home Address: _____

FAMILY INFORMATION

Child Lives With: [] Both Parents [] Father [] Mother [] Other _____

Marital Status: [] Married [] Divorced [] Separated [] Single [] Widow/Widower

Who should be our Primary Contact for your child? _____

PROGRAM OF ENROLLMENT

<u>Father/Guardian</u>	<u>Mother/Guardian</u>
Name: _____	Name: _____
Address: _____	Address: _____
City: _____ Zip: _____	City: _____ Zip: _____
Employer: _____	Employer: _____
Home Phone: (____) _____	Home Phone: (____) _____
Work Phone: (____) _____	Work Phone: (____) _____
Cell Phone: (____) _____	Cell Phone: (____) _____
Home Email: _____	Home Email: _____
Work Email: _____	Work Email: _____
Best Way to contact during the day: _____	Best Way to contact during the day: _____

Program you want to enroll in: (check one)

Yellow Room (6weeks – 2 years) Red Room (2 years – 3 years) Green Room (3 years – 4 years) Blue Room (All-day Care) (4 years – 5 years)
 4K Preschool (4 years – 5 years) Preferred: 4K AM 4K PM

Please indicate the hours (in time such at 8AM-4PM) in which your child will need care:

Monday: _____ Tuesday: _____ Wednesday: _____ Thursday: _____ Friday: _____

GENERAL INFORMATION

Yes No **May we use your email to send any Program or Center Information?** Work Home

What is your preferred method of communication? (text, email, phone, face to face, note, etc.) _____

Yes No **Does your child have any special education needs?** _____

YES	NO	Do you give permission for your child’s photograph, video, or other digital media in any and all of its publications, including web-based publications without payment or other consideration?
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EMERGENCY CONTACT INFORMATION

If Parents cannot be reached, emergency contacts will be contacted in the order listed.

Contact #1: _____ **Phone #1**(____)_____ **Phone #2**(____)_____

Contact #2: _____ **Phone #1**(____)_____ **Phone #2**(____)_____

Child’s Physician _____ **Phone#** (____)_____

The Center has my permission, in an emergency, when I (or my physician) cannot be contacted, to contact another doctor or take my child to the emergency room, or contact 911 for Emergencies. **Initials** _____

This section is to be filled out by the Director only.

New Registration Fee: \$55.00 paid _____ Yearly Re-enrollment Fee: \$35.00 paid _____

Department of Human Services pays \$ _____ wk/hr Your weekly co-payment is \$ _____ wk/hr

Your child’s weekly tuition is: \$ _____ wk/hr