

**HERITAGE HILLS EARLY LEARNING CENTER
CHILDREN'S ENROLLMENT FORM**

Entrance Date: _____ Withdrawal Date: _____

	M/F		
Child's Name	Sex	Age	Birthdate

Home Address _____ Home Telephone Number _____

Father's Name/Home Address/Telephone Number/Cell Number _____

Father's Place of Employment/ Address of Employment/Business Number _____

Mother's Name/Home Address/Telephone Number/Cell _____

Mother's Place of Employment/Address of Employment/Business Number _____

Child's Living Arrangements: () Both Parents () Mother () Father () other

Child's Legal Guardian(s): () Both Parents () Mother () Father () other

Child's Siblings: None ()

Brother: 1. _____

2. _____

Sister: 1. _____

2. _____

The child may be released to the person(s) signing this agreement or to the following:

Name, Address (complete street address, city, state, and zip code) and relationship to child.

- *Everyone must show ID before a child will be released to them*

1. _____

2. _____

3. _____

4. _____

- Please use another sheet of paper if necessary.

Person's to contact in case of an emergency when parents can't be reached:

<u>Name</u>	<u>Relationship to child</u>	<u>Telephone Number</u>	<u>Cell</u>
-------------	------------------------------	-------------------------	-------------

1. _____

2. _____

3. _____

4. _____

Name of public or private school child attends if any:

MEDICAL INFORMATION

Child's Physician or Clinic's Name (Child's Primary Health Source)

Physician/Clinic's Telephone: _____

My child has the following special need(s): **NO** **YES (see below) (circle one)**

The following special accommodation(s) may be required fo most effectively meet my child's needs while at the Learning Center.

NONE **Yes (see below) (circle one)**

ALLERGIES

My child has the following: **None** **Yes (see below)** **Food**
Allergies

(Please circle one)

HEALTH AND SOCIAL RECORD

Child's Name _____ Birthdate _____

Has your child ever been in a childcare setting? Yes No

If so, what kind? Relatives care in home Church other

Briefly describe your child's
experience _____

Does your child have an existing condition of which we need to be aware?

Yes No Explain:

Is your child fully able to participate in all of the activities offered by
Heritage Hills Learning Center? Yes No

Explain: _____

Does your child function at the appropriate age level? Yes No

Explain: _____

Does your child walk? Yes No Explain:

Can your child effectively communicate his/her needs? Yes No

Explain: _____

Is your child on a special or restricted diet or have any food allergies (i.e.
peanut butter)? Yes No Explain:

Does your child have any non-food allergies of which we should be aware?

Yes No Explain:

HEALTH AND SOCIAL RECORD CONT.

Does your child have any problems at mealtime? Yes No Explain:

Does your child rest in the middle of the day? Yes No

Is your child toilet trained? Yes No if yes does she/he need assistance? Yes No

Does your child require any medication, medical treatment or assessment while in childcare? Yes No Explain:

Does your child use any special equipment such as a breathing machine, wheelchair, hearing aid, braces, etc.? Yes No

Does your child require one-on-one supervision on a regular basis for a significant period of time? Yes No Explain:

Does your child require and/or desire any accommodations or modifications in order to fully and equally enjoy and participate in Heritage Hills Early Learning Center's group setting? Yes No Explain:
