ENROLLMENT RECORD

Date of Enroll	ment	Start Dat	e	End Date		
Referred by_						
Child's Name		D.O	D.O.B		Female	
Home Address						
City		State	State		Zip	
****	*****	******	*****	*****	*****	
Parent Info	<u>)</u> .					
Single	Married	_ Natural Parent	ts	Step Par	ents	
			Month and day of birth			
	ardian's Name					
Address (if di	fferent from child)_					
City	State	Zip	_ Drive	rs license#		
			Hours			
Address	·					
City		State		Zip		
Home #	Work #	Pager	#	Ce	ell#	
	ictions for Contacting					
·	•					
Father or Guardian's Name			Month and day of birth			
	fferent from child)_					
Name of Employer			Hours			
	·					
City	State	Zip	Drivers license #			
Home #	Work #	Page	:r #	Cell	#	
	ictions for Contacting					

Medical Inf	o.					
			Phone			
	Name					
	OR OTHER MEDICAL					
Both Parent's	Signature					
	- J					

Other children in the family	Birthdate			
Previous child care experiences				
Describe your child's personality				
Do you have any special concerns regarding your child?				
Does your child spend time with both parents?	pes your child see the absent			
Has your child had experiences playing with other childrer	12			
By nature is your child friendlyAggressive	_ShyWithdrawn?			
Does your child enjoy being alone?				
How does your child relate to strangers?				
What makes your child mad or upset?				
How does your child show feelings?				
What do you find is the best way of handling your child?				
Does your child have fears?				
Food likes and dislikes?				
Are there going to be any future changes in your o	child's life? (Ex. Moving, siblings,			