Office of Early Learning and School Readiness

CHILD ENROLLM	ENT INFORMATION PAGE 1 OF 2	
Child's Name	Date of Birth	
Address	Home Phone	
Parent/Guardian Name	Cell phone	
Home Address	Home Phone	
Employer name & address	Work Phone	
Please circle which phone number should be used 1 st 2 nd Cell 1 2 3 Home 1 2 3 Work 1 2 3	3 rd to reach you while your child is in the program.	
Employer Address		
Parent/Guardian Name	Cell Phone	
Home Address	Home Phone	
Employer name & address	Work Phone	
Please circle which phone number should be used 1 st 2 nd & Cell 1 2 3 Home 1 2 3 Work 1 2 3	3^{rd} to reach you while your child is in the program.	
Please list two people to be contacted in the event of	an emergency if the parent cannot be contacted:	
Name	Name	
Street Address	Street address	
City	City	
State Zip code	State Zip code	
Relationship to Child	Relationship to Child	
Home phone:	Home phone:	
Cell phone:	Cell phone:	
Work Phone:	Work Phone:	
Physician:	Dentist:	
Name	Name	
Street Address	Street Address	
City, State, Zip Code	City, State, Zip Code	
Phone	Phone	

ANNUAL CLASS ROSTER

Each year we prepare a roster for each group of children in our program.

This roster will not be furnished to any persons other than parents of children enrolled in our program.

I authorize the following to be listed on the parent roster:

Please circle one

My child's name	Yes	No
Parents/Guardians name	Yes	No
Phone number	Work Mobil Home	No

					Date:		
Signature of parent, or g	guardian.						
CHRONIC PHYSICAL PRO	OBLEM (S)	:					
HISTORY OF HOSPITALIZ	ZATION:						
DISEASES THIS CHILD H	IAS HAD:						
ALLERGIES AND TREATI	MENT:						
MEDICATIONS, FOOD SU	JPPLEMEN	TS, MOD	DIFIED DIET OR FLUORIDE SUPPLEMENTS:				
List of Person(s) to who	m this chile	d can be	released: (Please print)	7			
List of Person(s) not pe	rmitted to	pick up	this child (Please print)	_			
		<u></u>			raint papers or rce decree hed		
				Yes	No		
				Yes	No		
IMPORTANT: Place	sa attacl	h a con	ov of your child's immunization roa				
INITORIANI. Fleas	<u> </u>	ı a cop	by of your child's immunization rec	<u>.01 U S</u>			
EXEMPT FROM IMMUNIZATIONS	PLEASE CIRCLE		Parent/Guardians signature for immunization exempti				
Religious conviction	YES	NO					
Other:							