



Children's Enrollment Form

Entrance Date

Withdrawal Date

Child's Name

Sex

Age

Birth date

Home Address

Home Telephone Number

Father's Name/ Home Address/Telephone Number, if different from child's

Place of Employment/ Address of Employment/ Business Phone Number

Mother's Name/ Home Address/ Telephone Number, if different from child's

Place of Employment / Address of Employment/ Business Phone Number

Parent E-Mail Address

Child's Living Arrangements: Both Parents Mother Father
 Other _____

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

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

Name

Address

Persons to contact in case of an emergency when parents cannot be reached:

Name

Telephone Number

Name of public or private school child attends, if any:

Child's Physician or Clinic's name & telephone number (Child's primary health care source)

My child has the following special need(s):

The following special accommodation(s) may be required to most effectively meet my child's needs while at this center:

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns:

Before coming to RHMP my child was cared for:

At home by a parent or grandparent At an in-home babysitter

At another child care center. (Please give name and state _____
_____)

Other _____

Signature (Parent/Guardian)

Date