



## Enrollment and Emergency Information

Child's Name: _____	Date of Birth _____
Parent 1's Name* _____	Parent 2's Name* _____
Parent 1's Address* _____ (Street ) _____ (City, State & Zip)	Parent 2's Address* _____ (If different from Parent 1) (Street ) _____ (City, State & Zip)
Parent 1's Home Phone* _____	Parent 2's Home Phone* _____
Parent 1's Cell Phone* _____	Parent 2's Cell Phone* _____
Parent 1's Work Phone* _____	Parent 2's Work Phone* _____
Parent 1's Work Address* _____ (Street ) _____ (City, State & Zip)	Parent 2's Work Address* _____ (Street ) _____ (City, State & Zip)
Parent 1's Email Address _____	Parent 2's Email Address _____

*\*Indicates required by the State of Connecticut – Please fill in completely.*

Child resides with\* \_\_\_\_\_ Court Order \_\_\_\_\_

Emergency Contact #1 (Local – other than parent)\* \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact #2 (Local – other than parent)\* \_\_\_\_\_ Phone \_\_\_\_\_

Child's Physician\* \_\_\_\_\_ Phone\* \_\_\_\_\_

Other individuals that have permission to pick up my child: (in addition to above emergency contacts)

\_\_\_\_\_

Allergies\* \_\_\_\_\_ Medical Conditions \* \_\_\_\_\_

Medications Taken \_\_\_\_\_ Medication Form Complete \_\_\_\_\_

Restrictions or Accommodations Needed \_\_\_\_\_

Interests \_\_\_\_\_

What comforts your child: \_\_\_\_\_

Siblings \_\_\_\_\_

Pets \_\_\_\_\_ Fears \_\_\_\_\_

Dislikes \_\_\_\_\_ Languages \_\_\_\_\_

*Please share with us any information you feel would be helpful in learning about your family, your child's development, or goals for your child.*