



## Enrollment and Emergency Information

Child's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent 1's Name: \_\_\_\_\_

Parent 1's Address \_\_\_\_\_

Parent 1's Home Phone \_\_\_\_\_ Parent 1's Cell Phone \_\_\_\_\_

Parent 1's Work Phone \_\_\_\_\_ Parent 1's Email \_\_\_\_\_

Parent 2's Name: \_\_\_\_\_

Parent 2's Address (if different from above) \_\_\_\_\_

Parent 2's Home Phone (if different from above) \_\_\_\_\_ Parent 2's Cell Phone \_\_\_\_\_

Parent 2's Work Phone \_\_\_\_\_ Parent 2's Email \_\_\_\_\_

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.*