



7394 Dexter-Ann Arbor Road
Dexter, Michigan 48130
Phone: (734) 424-9193
Fax: (734) 424-9220

CHILD ENROLLMENT FORM

Child's Name _____ Male _____ Female _____

Home Address _____ Birth Date _____ Age _____
Street City Zip

Home Phone(_____) _____ Name you prefer your child to be called _____

Mother/Guardian

Name _____ Home Phone _____

Home Address _____ Cell/Pager _____

Employer _____ Work Phone _____

Employer Address _____ Fax Number _____

E-Mail Address _____

Father/Guardian

Name _____ Home Phone _____

Home Address _____ Cell/Pager _____

Employer _____ Work Phone _____

Employer Address _____ Fax Number _____

E-Mail Address _____

Additional Adults Approved for Child's Release

1. Name _____ Relationship _____

Home Phone _____ Cell/Pager _____

Employer _____ Work Phone _____

2. Name _____ Relationship _____

Home Phone _____ Cell/Pager _____

Employer _____ WorkPhone _____

Requested start date _____ Days in attendance: M T W TH F

Hours in attendance _____ a.m./p.m. until _____ a.m./p.m. Classroom _____

CHILD/FAMILY PERSONAL HISTORY

The purpose in securing the following information about your child, and his or her family, is to help the center's staff get to know and better understand your child. We consider the care of your child a joy, privilege, and serious responsibility. All information will be kept confidential. Thank you.

Carrie Anderson
Center Director

Other children in the family _____
Name *Age*

Name *Age*

Name *Age*

Other members of the household (include relationship and age) _____

Family status of parents: _____ Married _____ Single _____ Divorced _____ Separated

Child lives with _____ Relationship _____

Language other than English spoken in the home _____ Citizenship _____

Are there any special words that would help us communicate with your child? _____

Religious or spiritual affiliation? _____

Is there any pertinent information about your child's general health or personal history that we should know?

Any allergies (food, medication, soap etc.) _____

Child's favorite things _____

Child dislikes _____

Child's pets _____

Other comments _____

Completed by _____ Date _____