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## CHILD ENROLLMENT FORM

Child's Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City Zip

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Name you prefer your child to be called \_\_\_\_\_

### Mother/Guardian

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer Address \_\_\_\_\_

E-Mail Address \_\_\_\_\_

### Father/Guardian

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer Address \_\_\_\_\_

E-Mail Address \_\_\_\_\_

### Additional Adults Approved for Child's Release

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

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 teachers 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*

Owner/Executive Director

Other children in the family \_\_\_\_\_  
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 is toilet trained Yes \_\_\_\_\_ No \_\_\_\_\_

Child dislikes \_\_\_\_\_

Child's pets \_\_\_\_\_

Other comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Completed by \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Administration Notes:

Date of Tour: \_\_\_\_\_ Toured with: \_\_\_\_\_ Date Registration Returned: \_\_\_\_\_ Waitlist (circle): yes/no