

**GROUP CHILD CARE AND SCHOOL AGE CHILD CARE ENROLLMENT FORM**

Program Name:Whiz Kids Group Child Care:\_\_\_\_\_ School Age Care:\_\_\_\_\_

**CHILD INFORMATION:**

Date of Admission:\_\_\_\_\_ Age at Admission:\_\_\_\_\_

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

nickname (if any) \_\_\_\_\_

Home Address:\_\_\_\_\_ Place of Birth:\_\_\_\_\_

Primary Language:\_\_\_\_\_

Telephone #:\_\_\_\_\_

Child's Identifying Information (required by Department of Early Education and Care)

Eye Color:\_\_\_\_\_ Hair Color:\_\_\_\_\_ Sex:\_\_\_\_\_

Height:\_\_\_\_\_ Weight:\_\_\_\_\_ Skin Color:\_\_\_\_\_

Identifying marks:\_\_\_\_\_

Allergies/ Special Diets:\_\_\_\_\_

Chronic Health Conditions:\_\_\_\_\_

Special Limitations or Concerns:\_\_\_\_\_

**School age only:**Current school:\_\_\_\_\_ Grade:\_\_\_\_\_

I certify that documentation of physical examination and immunizations in accordance with public school health requirements, and lead poison screening in accordance with public health requirements are on file at my child's school. **Parent/guardian initials** \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION:**

Name:\_\_\_\_\_

Name:\_\_\_\_\_

Relationship to Child:\_\_\_\_\_

Relationship to Child:\_\_\_\_\_

Home Address:\_\_\_\_\_

Home Address:\_\_\_\_\_

Home Telephone#:\_\_\_\_\_

Home Telephone #:\_\_\_\_\_

Cell Phone#:\_\_\_\_\_

Cell Phone #:\_\_\_\_\_

Business Name:\_\_\_\_\_

Business Name:\_\_\_\_\_

Business Address:\_\_\_\_\_

Business Address:\_\_\_\_\_

Business Phone #:\_\_\_\_\_

BusinessPhone #:\_\_\_\_\_

Hours at work:from \_\_\_\_\_ AM to \_\_\_\_\_ PM

Hours at work:from \_\_\_\_\_ AM to \_\_\_\_\_ PM

**If parents cannot be contacted, notify (include names on emergency card)**

Name:\_\_\_\_\_

Name:\_\_\_\_\_

Address:\_\_\_\_\_

Address:\_\_\_\_\_

Relationship to Child:\_\_\_\_\_

Relationship to Child:\_\_\_\_\_

Daytime telephone #:\_\_\_\_\_

Daytime telephone #:\_\_\_\_\_

Child's Physician/Clinic \_\_\_\_\_ Telephone #:\_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian signature**

\_\_\_\_\_  
**Date**