

GROUP CHILD CARE AND SCHOOL AGE CHILD CARE CHILD'S ENROLLMENT FORM

Program: Lighthouse Learning Ctr. Group Child Care: _____ School Age Care: _____
 Child's Name: _____ Eye Color: _____ Skin Color: _____
 Home Address: _____ Hair Color: _____ Height: _____
 Telephone: _____ Sex: _____ Weight: _____
 Date of Admission: _____ Age at Admission: _____
 Date of Birth: _____ Primary Language: _____
 Identifying Marks: _____
 Allergies / special diets: _____ *Email address:* _____

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name: _____	Parent/Guardian Name: _____
Relationship to child: _____	Relationship to child: _____
Home Address: _____	Home Address: _____
Home Telephone #: _____	Home Telephone #: _____
Bus. Name: _____	Bus. Name: _____
Bus. Address: _____	Bus. Address: _____
Bus. Telephone #: _____	Bus. Telephone #: _____
Hours at Work: _____	Hours at Work: _____

ADDITIONAL INFORMATION:

Child's Physician/Clinic: _____
 Address: _____ Phone: _____
 Chronic health conditions: _____
 Special limitations or concerns: _____

SCHOOL AGE ONLY

Current School: _____ School Address: _____

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

✕ _____
 Parent/Guardian Signature

✕ _____
 Date