

Tree of Life Child Care Ministry

Enrollment Form

Child's Name: _____ Nickname: _____

Date of Birth: _____ Present Age: _____ Gender: _____

Verification Document: _____ S.S. # _____

Address: _____ City: _____

State: _____ Zip Code: _____ County: _____

If School-age, School Attending: _____

Starting Date of Child: _____

Days & Times Child will attend: _____

General Information

Please list other Child Care facilities your child has attended.

Name: _____

Reason for withdrawal: _____

Name: _____

Reason for withdrawal: _____

Siblings

Name	Gender	Age	School Attending
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

How does your child interact with other children? _____

How does your child interact with adults? _____

Does your child have any fears? _____

If so, what are they? _____

Signs of fear or insecurity? _____

Does your child have a favorite toy, blanket, etc. _____

What form of discipline is used at home? _____

What form of discipline does your child tend to respond to best? _____

Are there currently any discipline issues? _____

Does your child eat well? _____

What is their favorite food? _____

Is your child toilet trained? _____

Does your child require assistance using the restroom? _____

Does your child take naps? _____

Does your child take regular medications? If so, which ones and how often? _____

Additional information you would like us to know _____

Parent/Guardian Information

Mother's Name: _____ S.S. # _____
Address: _____ City: _____
State: _____ Zip Code: _____ County: _____
Home Phone #: _____ Alternate Phone #: _____
Employer's Name: _____
Employer's Phone #: _____ Supervisor: _____
Employer's Address: _____
Work Schedule: _____ a.m. or p.m. to _____ a.m. or p.m.

Father's Name: _____ S.S. # _____
Address: _____ City: _____
State: _____ Zip Code: _____ County: _____
Home Phone #: _____ Alternate Phone #: _____
Employer's Name: _____
Employer's Phone #: _____ Supervisor: _____
Employer's Address: _____
Work Schedule: _____ a.m. or p.m. to _____ a.m. or p.m.
Marital Status of mother: _____ Marital Status of father: _____

Email Address: _____

Emergency Information:

Physician's Name: _____ Phone #: _____
Physician's address: _____
Dentist's Name: _____ Phone #: _____
Dentist's address: _____
Preferred Hospital's Name: _____ Phone #: _____
Preferred Hospital's address: _____

In the event of an emergency and we are unable to reach you, may we take your child to a hospital? _____

Do you grant permission for the hospital to provide treatment? _____

In the case of a serious emergency, your child will be taken to the closest healthcare facility.

Parent/Guardian Name Printed

Parent/Guardian Signature

Date

Please provide contact information for all persons that may be contacted in case of an emergency or illness when the child's parent/guardian(s) cannot be reached.

Name: _____ Phone #: _____

Permission to pick-up your child? YES NO

Name: _____ Phone #: _____

Permission to pick-up your child? YES NO

Name: _____ Phone #: _____

Permission to pick-up your child?

Authorized Pick-up List For: _____

Please provide information for all persons that may leave Tree of Life Child Care Ministry with your child, including names of parents if applicable.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Known Allergies: _____

Child's Birthday: _____

This page will be placed in your child's file and a copy will be placed in your child's classroom