



ENROLLMENT INFORMATION

Child's Name:

Gender: Male Female

Parent's Name (#1):

Parent's Name (#2):

Child Lives With: (check one) Parents #1 and #2 Parent #1 only* Parent #2 only*

*Custody Agreement/Information (if applicable)

1.1. Has your child attended a childcare center before? Yes No

1.1.a. If yes, please explain where, when and for how long.

1.2. To what extent has your child been involved with other children?

1.3. What are some of your child's favorite activities?

1.4. Does your child have allergies or suspected allergies to any foods or medications? Yes No

1.4.a. If yes see **Consent for Emergency Treatment**

1.5. What (if any) are your child's current health and/or developmental concerns?



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- 1.6. What (if any) is your child's past health or developmental concerns (e.g., serious illness, hospitalization, accidents, etc.)? Please include common childhood diseases the child has had and the approximate dates of the illness.

- 1.7. On what date did his/her physician last see your child? _____

- 1.7.a. What was the reason for this visit?

- 1.8. Is there anything else you would like to share about your child that will assist us in providing the best care and educational experience possible to your child and family?

Hutch Kids Child Care Center does not discriminate on the basis of race, creed, color, religion, national origin, sex or handicap.

Parent's Signature

Date