



## Enrolled Child History

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

Classroom at start date: \_\_\_\_\_ Days attending: M T W R F

Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Father's Name \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

### MARITAL/LIVING

Do both parents live at home? \_\_\_\_\_  
If NO please describe custody and visitation arrangements \_\_\_\_\_  
\_\_\_\_\_

Please check the home setting:

Stepfather \_\_\_\_\_ Stepmother \_\_\_\_\_ Adopted \_\_\_\_\_  
Does the child know that he/she is adopted? \_\_\_\_\_ Grandma \_\_\_\_\_ Grandpa \_\_\_\_\_  
Separated \_\_\_\_\_ (Date) Divorced \_\_\_\_\_ (Date)  
Married \_\_\_\_\_ Living together \_\_\_\_\_  
Apartment or house? \_\_\_\_\_ Number of rooms \_\_\_\_\_  
Does the child/ren have his/her own room? \_\_\_\_\_  
How many different settings has the child lived since birth? \_\_\_\_\_

Has your child/children ever been in a childcare setting before? \_\_\_\_\_  
If YES, where? \_\_\_\_\_

## EMERGENCY CONTACTS

Parents CANNOT BE LISTED as emergency contacts. List the name of at least one person who can be contacted in the event of an emergency or illness if you cannot be reached. Any person listed should be able to assist in contacting you and at least one person must be within one hour of the center and able to take responsibility for the child in case you cannot be contacted.

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Work # \_\_\_\_\_ Cell# \_\_\_\_\_ Home# \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Work # \_\_\_\_\_ Cell# \_\_\_\_\_ Home# \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Work # \_\_\_\_\_ Cell# \_\_\_\_\_ Home# \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Work # \_\_\_\_\_ Cell# \_\_\_\_\_ Home# \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## PERMISSION

Name of person with whom your child can be released to other than parent or legal guardian:  
(Please note for the safety of each child, no child will be released to anyone not on the list)

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Work # \_\_\_\_\_ Cell# \_\_\_\_\_ Home# \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Work # \_\_\_\_\_ Cell# \_\_\_\_\_ Home# \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Work # \_\_\_\_\_ Cell# \_\_\_\_\_ Home# \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Work # \_\_\_\_\_ Cell# \_\_\_\_\_ Home# \_\_\_\_\_

## MEDICAL INFORMATION (Must be filled out)

Name of Primary Physician \_\_\_\_\_ Phone# \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Dentist (if applicable) \_\_\_\_\_ Phone# \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Specialist \_\_\_\_\_ Field \_\_\_\_\_ Phone# \_\_\_\_\_  
Specialist \_\_\_\_\_ Field \_\_\_\_\_ Phone# \_\_\_\_\_

**PERMISSION TO TRANSPORT FOR MEDICAL EMERGENCY**

I give All About Kids permission to secure emergency transportation for emergency treatment. The emergency transportation service will determine to which facility my child will be transported.

Parent Signature \_\_\_\_\_  
Parent Printed Name \_\_\_\_\_

Date \_\_\_\_\_

**ENROLLMENT**

Registration is required at the time of the application for enrollment to reserve your spot.  
(one child - \$75.00, two or more children \$125.00)

Parent Signature: \_\_\_\_\_  
Parent Printed Name \_\_\_\_\_

Date \_\_\_\_\_

**MEDICAL HISTORY**

Date of last visit to Primary Physician \_\_\_\_\_

Date of last visit to Dentist (if applicable) \_\_\_\_\_

Is your child current on all shots and immunizations: yes \_\_\_\_\_ NO \_\_\_\_\_

If no please describe \_\_\_\_\_

Does your child regularly take medication? Yes \_\_\_\_\_ NO \_\_\_\_\_

If yes please describe and list medicine with schedule for the medication \_\_\_\_\_

Does your child have any allergies (food, medicine, cleaners, etc.)? If so, please list items and required treatment:

\_\_\_\_\_

Please inform us of your child's overall health \_\_\_\_\_

\_\_\_\_\_

Has your child ever been hospitalized or had serious injury, illness or broken bones? If so Please describe \_\_\_\_\_

Is there anything else that you feel we should know about your child/ren's health needs? If so please describe \_\_\_\_\_

\_\_\_\_\_

Parent Signature \_\_\_\_\_  
Parent Printed Name \_\_\_\_\_

Date \_\_\_\_\_