



Enrollment Date: ____/____/____
Start Date: ____/____/____
Date of Withdrawal: ____/____/____

Enrollment Information

CHILD'S INFORMATION:

Child's Name:	Sex:	Child's Date of Birth: ____/____/____	Child's Age At Enrollment:
Child's Home Address:		City:	State: Zip:
Home Phone Number:		Primary Language Spoken at Home:	
<i>Physical Description</i>			
Eye Color: _____	Skin Color: _____	Height: _____	Weight: _____
Hair Color: _____		Identifying Marks: _____	
Please list any medical conditions, medications, allergies, or modified diets that your child may have or other information that the caregivers should be aware of:			
Allergies/Special Diets: _____			
Individual Health Plan (If yes, please attach): _____			
Special Limitations or Concerns: _____			
Other: _____ Not Applicable _____			

PARENT/GUARDIAN INFORMATION:

#1 Parent/Guardian Name:	#2 Parent/Guardian Name:
Home Address:	Home Address:
City: State: Zip:	City: State: Zip:
Cell Phone Number: () _____ - _____	Cell Phone Number: () _____ - _____
Home Phone Number: () _____ - _____	Home Phone Number: () _____ - _____
Email Address:	Email Address:
Occupation:	Occupation:
Work Address:	Work Address:
City: State: Zip:	City: State: Zip:
Work Phone: () _____ - _____	Work Phone: () _____ - _____
Hours at Work: _____ to _____	Hours at Work: _____ to _____

Parent/Guardian Signature:

Date:



Child's Name:	Date of Birth: ____/____/____
---------------	----------------------------------

ADDITIONAL INFORMATION:

Physician's Name:	Address:	Office Number:
Practice Name:	City: State: Zip:	Fax Number:
Preferred Hospital:	Telephone Number:	
Address:	City:	State: Zip:

AUTHORIZATION FOR PICK-UP:

*In addition to parents/guardians, the following people are authorized to pick-up the child from STAR Preschools. Children will ONLY be released after ID verification. Individuals who are not listed will not be authorized to pick-up unless a written permission slip is provided. **Please remind all authorized persons to bring photo ID.***

Name:	Phone #:	Relationship to Child:
Address:	City:	State: Zip:
Name:	Phone #:	Relationship to Child:
Address:	City:	State: Zip:
Name:	Phone #:	Relationship to Child:
Address:	City:	State: Zip:

CUSTODY INFORMATION:

Status of Child's Parents: Single____ Married____ Separated____ Divorced____	Copies of any custody agreements, court order, or restraining orders pertaining to the child? Yes____ No____ *Court Orders Must Be Attached In Order To Honor Custody Agreement*
---------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

SCHOOL-AGE ONLY:

Current School:	School Phone Number:
Address:	City: State: Zip:

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 Initials: _____

Parent/Guardian Signature:

Date:

****By initialing below, I hereby agree that the following information listed on my child's enrollment information is up-to-date and accurate. I understand that it is my responsibility to keep this form current and will notify administration in writing if any information changes. I also understand that this form must be updated annually.****

Reviewed On ___/___/___ Parent/Guardian Initials _____

Reviewed On ___/___/___ Parent/Guardian Initials _____

Reviewed On ___/___/___ Parent/Guardian Initials _____

Reviewed On ___/___/___ Parent/Guardian Initials _____