



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: _____	
Hair Color: _____		Identifying Marks: _____	
Height: _____		Weight: _____	
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 Care Plan (IHCP): No _____ Yes _____ (If Yes, Please Submit An IHCP Form)			
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: ____/____/____
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ATTENDANCE INFORMATION:

Child's Schedule: Full-Time (Monday – Friday)_____ Part-Time 3-Days (Monday / Wednesday / Friday)_____
Part-Time 2-Days (Tuesday / Thursday)_____ Other (Please Specify)_____
Hours Attending: ____:____ to ____:____

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 my child's physical examinations, immunizations and lead screening records, in accordance with the Department of 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.

Updated On ___/___/___ Parent/Guardian Initials _____ Updated On ___/___/___ Parent/Guardian Initials _____

Updated On ___/___/___ Parent/Guardian Initials _____ Updated On ___/___/___ Parent/Guardian Initials _____