



ENROLLMENT FORM

Date of Enrollment: _____

Child's Name:	Birth date:
Address:	Home Phone:
Parent/Guardian name:	Parent/Guardian name:
Home Address:	Home Address:
Home Phone:	Home Phone:
Workplace:	Workplace:
Work Phone	Work Phone:

Person(s) responsible for pick up and drop off: _____

Other person(s) allowed to pick up your child: _____

In case of emergency, when a parent cannot be reached, please notify:

Name: _____ Phone: _____

Address: _____ Relationship: _____

Name: _____ Phone: _____

Address: _____ Relationship: _____

Name: _____ Phone: _____

Address: _____ Relationship: _____



Times	Monday	Tuesday	Wednesday	Thursday	Friday
Drop Off					
Pickup					

List any allergies your child has: _____

What are you child's favorite toys, games, and food?

Other important information about your child:

My Child's Physician	My Child's Dentist
Name:	Name:
Address:	Address:
Phone:	Phone:

Hospital Preference: _____

In case of accident or illness requiring medical attention, I give permission to authorize the staff at Creative Hands Learning Center to seek emergency medical care including transportation to the hospital if necessary.

Parent / Guardian: _____ Date: _____

Parent / Guardian: _____ Date: _____