

# St. Joseph Early Learning Center

## Child Enrollment Form

### Child's Information

Full Name: \_\_\_\_\_  
Child Goes By: \_\_\_\_\_  
Child's Birth Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

### Parent's Information

Father's Name: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Work/School: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mother's Name: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Work/School: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Family Information

Please list any brothers/sisters as well as any other children or adults, other than parents, living with the enrollee. Please include their age and relationship to the enrollee.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

## Child's Habits

Please tell us about the enrollee:

Sleeping habits:

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Play habits:

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Eating habits:

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## Health Information

Child's Doctor: \_\_\_\_\_

Phone Number:

Preferred Hospital: \_\_\_\_\_

Phone Number:

Dentist: \_\_\_\_\_

Phone Number:

List any health concerns:

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Is your child potty trained? \_\_\_\_\_

Insurance coverage: \_\_\_\_\_

Insurance company: \_\_\_\_\_

Policy: \_\_\_\_\_ Group ID \_\_\_\_\_

## Emergency Contacts

Please list three additional emergency contacts and their relationship to the enrollee.

- |          |                     |
|----------|---------------------|
| 1. _____ | Phone Number: _____ |
| 2. _____ | Phone Number: _____ |
| 3. _____ | Phone Number: _____ |

## Pick up list

Please list any person who will have the authority to pick up your child from the Early Learning Center. They will need to have a picture ID if the child care provider is not familiar with them. This list can be updated at a later date. We would also like to be informed if the person picking up is not the "normal" pick up person. We WILL NOT allow anyone who is not on the list to pick up your child.

- |          |           |
|----------|-----------|
| 1. _____ | 2. _____  |
| 3. _____ | 4. _____  |
| 5. _____ | 6. _____  |
| 7. _____ | 8. _____  |
| 9. _____ | 10. _____ |

Please list any individual who is NOT allowed to pick up your child.

- \_\_\_\_\_
- \_\_\_\_\_