casa de corazón
INTERCULTURAL EARLY LEARNING

ENROLLMENT FORM

Child's name: _____ Date of birth: _____

Address: _____

Projected start date: _____

Parent(s) or Guardians(s)

Name: _____

Address: _____

Home phone: _____ Cell phone: _____Work phone: _____

Place of work: _____ Occupation: _____

Work address: _____

E-mail address: _____

Name: _____

Address: _____

Home phone: _____ Cell phone: _____Work phone: _____

Place of work: _____ Occupation: _____

Work address: _____

E-mail address: _____

Both parents are assumed to be authorized to pick up child unless we have a court order on file specifying otherwise.

Emergency Contacts

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Doctor's name: _____ Phone: _____

Address: _____

Dentist's name: _____ Phone: _____

Address: _____

Health insurance provider: _____

Policy holder: _____ Policy number: _____

Child's days and hours of attendance:

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
AM					
PM					

Please provide documentation from your health care provider of any individual child care need or special condition such as dietary specification, allergies, or asthma.

You must have the Health Care Summary form and Immunization Record completed and signed by your child's doctor before admission. Updated exams are required annually, as your child advances to older age categories.

Child's name: _____ Date of birth:_____

Parent / Guardian Signature: _____ Date: _____

Director Signature: _____ Enrollment Date: _____

OFFICE USE

V 1st K E/C D/A BD A/P CCM G H/I C MIIC O B DC IF GP