



**CHILD'S ENROLLMENT
RECORD
LIGHT OF CHRIST EARLY CHILDHOOD CENTER**

DIRECTOR'S USE ONLY
Date enrolled _____

DO NOT LEAVE ANY BLANKS ON THIS FORM, PUT N/A OR NOT APPLICABLE.

Child's full legal name _____
First Middle Last

Birth Date _____ Sex _____

Primary hours of Care From _____ To _____ Days of Week in Care _____

Child's Physical Address _____
Street Address (number, apartment #, street) City State Zip Code

Family Information:

Child Lives with _____

Parent's Name _____

Parent's Name _____

Address: _____

Address: _____

Home Phone: _____

Home Phone: _____

Employer: _____

Employer: _____

Address: _____

Address: _____

Email: _____

Email: _____

Work Phone _____ Cell _____ Work Phone _____ Cell _____

Custody : Mother _____ Father _____ Both _____ Other _____ Name _____

Emergency Contacts:

Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the children's center in case of illness, accident or emergency, if for some reason the custodial parent(s) or legal guardian(s) cannot be reached:

Name _____

Home Phone _____ Cell Phone _____

Address _____

Street Address (number, apartment #, street) City State Zip Code

Name _____

Home Phone _____ Cell Phone _____

Address _____

Street Address (number, apartment #, street) City State Zip Code

Please use additional sheet of paper to list name, address and phone number of any other people authorized to pick the child up.

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