Longwood Medical Area Child Care Center

GROUP CHILD CARE AND SCHOOL AGE CHILD CARE CHILD'S ENROLLMENT FORM

Child's Name: Eye Color: Skin Color: Home Address: Hair Color: Height: Telephone: Sex: Weight: Telephone: Sex: Weight: Date of Admission: Age at Admission: Date of Birth: Primary Language: Identifying Marks: Allergies / special diets: PARENT/GUARDIAN INFORMATION: Parent/Guardian Name: Relationship to child: Relationship to child: Home Address: Home Telephone #: Home Address: Home Telephone #: Bus. Name: Bus. Name: Bus. Name: Bus. Address: Bus. Telephone #: Hours at Work: Hours at Work: ADDITIONAL INFORMATION: Child's Physician/Clinic: Address: Phone: Chronic health conditions: Special limitations or concerns: SCHOOL AGE ONLY Parent/Guardian Signature Date Parent/Guardian initials:	Program:	Group Child Care:	School Age Care:
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