



**Googols of Learning Child Development Center
Enrollment Form**

Child's Full Name: _____ Nickname if any: _____

M _____ F _____ Date of Birth: _____

Home Address: _____ Home Phone: _____

Mother/Guardian's Name: _____ Cell Phone # _____

Mother/Guardian's work: _____ Work number: _____

Father/Guardian's Name: _____ Cell Phone # _____

Father/Guardian's work: _____ Work number: _____

Mother/Father/Guardian email: _____

Mother's Driver's License # _____ Father's Driver's License # _____

Are parents Single, Married, Divorced, Separated? Do both parents live in the home? Yes No

If you are divorced please describe the custody and visitation agreement for your child(ren). You may attach another sheet of paper if needed or a copy of court documents.

Child's Physician: _____ Phone and address: _____

Child's Dentist _____ Phone and address: _____

People that Googols of Learning can contact if you cannot be reached in an emergency:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

People that Googols of Learning can release your child to in the event that you cannot pick them up.

NOTE: It is assumed that the emergency contacts above are also acceptable for pickup.

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Please list any allergies that your child has:

Please list any special toys or items your child uses for comfort:

What have you found to be the most effective ways to soothe your child's crying?

What are your child's usual naptimes, and how long do they usually last?

Does your child regularly take any medications? _____ If so, please describe: (medication forms must be on file _____)

In what ways has your child been exposed to other children?

_____ church nursery _____ other childcare setting _____ cousins/relatives

Name and Location of previous school or childcare center _____

Describe your child's overall health: _____

Hospital you would want your child transported to in case of an emergency _____

Primary Health Insurance Carrier _____ Group/Policy # _____

Names of siblings and their ages:

If there is anything else you would like us to know, please write that information on the space provided or feel free to schedule a time to discuss this information with our program director.

Days of the week and hours that your child will need care:

Enrollment will begin on: _____ Ended on: _____

How did you hear about us? TV _____, Drove By _____, Friend _____, Facebook _____, Phone Book _____, Print Ad _____, Web Directory, like Google or Yahoo _____, Other _____

I attest my child will be at least 1 year old before starting his/her first day of enrolled care.

Parent's Signature _____ Date _____

Program Director's Signature _____ Date _____

Googols of Learning enrolls children without regard to race, color, religion, sex, national origin or other protected areas. Googols of Learning is an equal opportunity employer.