

For office use only:

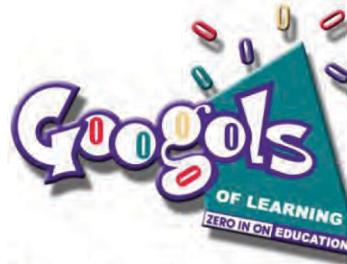
Date Rev'd: _____

Entered in FTE: _____

Start Date: _____

Class: _____

C.Q. to teacher: _____



Googols of Learning Child Development Center Enrollment Form

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

M F

Other: _____

Date of Birth: _____

Home Address: _____ Home Phone: _____

Parent/Guardian-1 Name: _____ Cell Phone # _____

Parent/Guardian-1 Work: _____ Work number: _____

Parent/Guardian-2 Name: _____ Cell Phone # _____

Parent/Guardian-2 Work: _____ Work number: _____

Parent/Guardian-1 Email: _____ Driver's License # _____

Parent/Guardian-2 Email: _____ Driver's License # _____

Are parents/custodians Single, Married, Divorced, Separated? Do both parents/guardians live in the home?

Yes No

If there is a divorce, foster, or other custodial arrangement, 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:

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/'Mother's Day Out' 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? Drove By Referred by Friend/Family Google/Web-based search
Facebook/Social Media Print media Child Care Aware/other Resource and Referral Agency

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

Parent/Guardian's Signature _____ Date _____

Program Director's Signature _____ Date _____

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

In order to access Googols of Learning beyond the security door at the front entrance you will require a 4-digit code to enter. We will program it before your start date. You will key-in your code plus the # to enter. Please submit one 4-digit number per family.