

New Nursery School

Group Child Care Enrollment Form

**Child's Information**

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Child's Name: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Skin Color: \_\_\_\_\_

Home Address: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Height: \_\_\_\_\_

Telephone: \_\_\_\_\_ Sex: \_\_\_\_\_ Weight: \_\_\_\_\_

Date of Admission: \_\_\_\_\_ Age at Admissions: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Identifying Marks: \_\_\_\_\_

Sibling's Names and Ages: \_\_\_\_\_

Allergies/Special Diet: \_\_\_\_\_

**Parent/Guardian Information**

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Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Name: \_\_\_\_\_ Work Name: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Address: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Hours at Work: \_\_\_\_\_ Hours at Work: \_\_\_\_\_

**Additional Information**

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Child's Physician/Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Health Conditions: \_\_\_\_\_ Special Limitations \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date