

PSH Child Care Center
Enrollment Agreement

For Office Use Only

Date Enrolled: _____ Date Terminated _____

Child's Name: _____ Gender: _____ Date of Birth _____

Home Address _____, _____, _____
(Street) (State) (Zip Code)

Home Phone: _____ Message Phone: _____

Is your child potty trained? Yes No

Mother/Guardian: _____ SS# _____

Home Address: _____, _____, _____
(Street) (State) (Zip Code)

Home Phone: _____ Message Phone: _____

Employment: _____ Work Phone: _____

Father/Guardian: _____ SS# _____

Home Address: _____, _____, _____
(Street) (State) (Zip Code)

Home Phone: _____ Work Phone: _____

***In case of an emergency, list other names and phone numbers of persons authorize to pick up the child, please include their name, address, relationship to the child and phone number*

1. _____

2. _____

3. _____

4. _____

Child's Physician: _____, _____, _____
(Street) (State) (Zip Code)

Preferred Hospital: _____, _____, _____
(Street) (State) (Zip Code)

KNOWN DRUG ALLERGIES _____

OTHER KNOWN ALERGIES: _____

Please fill in your child's weekly attendance schedule:

Monday	Tuesday	Wednesday	Thursday	Friday
IN:				
OUT:				
IN:				
OUT:				