



Toddler Program Student Enrollment Record

Child's Name: _____ **Birth Date:** _____

Child goes by another name: _____

Sibling Names & Ages: _____

Does Child have any preschool/day care school experience? _____

Home Address: _____

Mother's Name: _____ Cell #: _____

Employer: _____ Occupation: _____

Work Phone #: _____

Email: _____ Does Mother Live w/child: Yes No

Father's Name: _____ Cell #: _____

Employer: _____ Occupation: _____

Work Phone #: _____

Email: _____ Does Father Live w/child: Yes No

Child's Physician: _____ Phone #: _____

Does Child have any allergies or medical needs? _____

Delays or concerns with speech/hearing, physical emotional, or social development? Yes No

Please List: _____

Person other than parents/guardians to notify in case of emergency:

Name: _____ **Phone #:** _____

Relationship: _____