

# BIRDSONG

## Enrollment Form 2017-2018

Child's Name \_\_\_\_\_

Birthdate \_\_\_\_\_

Parent Name #1 \_\_\_\_\_

Address \_\_\_\_\_

Phone number(s) \_\_\_\_\_

Email \_\_\_\_\_

Occupation \_\_\_\_\_

Parent Name #2 \_\_\_\_\_

Address \_\_\_\_\_

Phone number(s) \_\_\_\_\_

Email \_\_\_\_\_

Occupation \_\_\_\_\_

Siblings' names/ages \_\_\_\_\_

Emergency contact (besides parents, if needed during school hours) \_\_\_\_\_

Does your child have any allergies or dietary restrictions?

Is your child potty-trained?

Is your child immunized? (If not, have they had chicken pox?)

Has your child been away from you before? If so, please describe their experience with other care providers.

Is there anything else you would like me to know about your child and/or your family?