

Little Caterpillars Development Center, Inc.

Child Enrollment Form

Entrance Date _____ Withdrawal Date _____

Child's Name _____ Sex _____ Age _____ Birthdate _____

Home Address _____ Home Telephone _____

Father's Name/Home Address, if different from child's _____

Place of Employment/Address of Employment/Email _____

Home Telephone _____ Business Telephone _____ Cell Phone _____ Beeper _____ Social Security # _____

Mother's Name/Home Address, if different from child's _____

Place of Employment/Address of Employment/Email _____

Home Telephone _____ Business Telephone _____ Cell Phone _____ Beeper _____ Social Security # _____

Would you like us to communicate to you via email? Yes _____ No
(specify email)

Child's Living Arrangements: Both Parents Mother Father Other

Child's Legal Guardian(s): Both Parents Mother Father Other

Child's Siblings and Age Enrolled at LCDC: _____

How did you hear about us? _____

May we include you on our parent/child roster? Yes No

The child may be released to the person(s) signing this agreement or to the following:

Name Address Telephone

Persons to contact in the case of an emergency when parents cannot be reached:

Name Address Telephone

Name of public or private school child attends, if any: _____

Child's Physician or Clinic's Name (Child's Primary Health Source)

Telephone Number

Insurance Provider

Policy#

Specify any special procedures in caring for your child: _____

Specify any dietary restrictions: _____

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns:

Emergency Medical Treatment Authorization Permission _____

Development History _____

Signature (Parent/Guardian) _____ Date _____