

Date Enrolled _____
 Withdraw Date _____

Grace Christian Academy
Early Childhood
Enrollment Record
Please Print

Child Information

First Name: _____ M.I.: _____ Last Name: _____
 Name child prefers to be called: _____ Date of Birth: _____
 Gender: [] Male [] Female Child's S.S.#: _____ - _____ - _____
 Child's Address: _____
 City: _____ Zip Code: _____ Home Phone: _____
 Circle days of care: M T W Th F Est. arrival & departure time _____
 List any existing medical conditions, medication and/or special attention your child may require.

Allergies: _____
 Allergies to Medication: _____
 Pediatrician's Name: _____ Phone: _____
 Address: _____
 Name of Hospital: _____ Phone: _____
 Address: _____

Medical Information:

Check any of the following your child has had:

[] Whooping cough	[] Asthma
[] Measles	[] Rheumatic Fever
[] German Measles	[] Loss of Consciousness
[] Mumps	_____
[] Chicken Pox	[] Convulsions
[] Diphtheria	[] Acute Ear Infections
[] Appendicitis	[] Other (Specify)
[] Head Injury	_____
[] Prolonged High Fever	_____
[] Tonsillitis	_____
[] Hay Fever	

Has your child ever had surgery? _____ Explain: _____

Are your child's immunizations up to date [] Yes [] No

If no explain: _____

Do we have a copy of current shot records? [] Yes [] No

(if no, we require one immediately)

Please sign stating all information is correct to the best of your knowledge.

Signature of Parent/Guardian _____ **Date** _____

Mother/Guardian

First Name: _____ M.I.: _____ Last Name: _____

Address: _____

City: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Employed By: _____

Work Address: _____

☐ Custodial Parent (If married check both)

Driver's License #: _____

Email: _____

Marital Status:

(If divorced we require a copy of the decree on file stating specific visitation and financial arrangements)

☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ Widowed ☐ Other _____

Preferred PIN number for checking in/out (4 digits only)

1st Choice ____ _ 2nd Choice ____ _**Father/Guardian**

First Name: _____ M.I.: _____ Last Name: _____

Address: _____

City: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Employed By: _____

Work Address: _____

☐ Custodial Parent (If married check both)

Driver's License #: _____

Email: _____

Marital Status:

(If divorced we require a copy of the decree on file stating specific visitation and financial arrangements)

☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ Widowed ☐ Other _____

Preferred PIN number for checking in/out (4 digits only)

1st Choice ____ _ 2nd Choice ____ _

Please sign stating all information is correct to the best of your knowledge.

Signature of Parent/Guardian _____ **Date** _____

Social Information:

Names and ages of brothers and sisters:

Favorite toys, activities: _____ Favorite Food: _____

Foods disliked: _____ Fears: _____

Sleeping problems: _____ Behavior Problems: _____

Parent's Method of discipline: _____

Describe Briefly the child's personality (active, timid, etc.) _____

How did you hear about Grace Christian Academy Early Childhood?

Please check all that apply:

☐ **Transportation:** I hereby ☐ give ☐ do not give - my permission for my child to be transported and supervised by child care staff: ☐ on field trips

☐ **Water Activities:** I hereby ☐ give ☐ do not give – my permission for my child to participate in water activities: ☐ wading pools ☐ sprinklers

☐ **Receipt of parent's guide:** I acknowledge receipt of "a parent's guide to day care"

Signature of Parent/Guardian _____ **Date** _____

Names and numbers of authorized emergency contacts

1. Name _____ Home Phone _____

Cell Phone _____ TDL _____

2. Name _____ Home Phone _____

Cell Phone _____ TDL _____

3. Name _____ Home Phone _____

Cell Phone _____ TDL _____

4. Name _____ Home Phone _____

Cell Phone _____ TDL _____

I give my consent for Grace Christian Academy Early Childhood to secure any and all necessary emergency medical care for my child.

Signature of Parent/Guardian _____ **Date** _____