



CHILD ENROLLMENT FORM

Child's Name _____ Male _____ Female _____

Home Address _____ Birth Date _____ Age _____
Street City Zip

Home Phone (_____) _____ Name you prefer your child to be called _____

Mother/Guardian

Name _____ Home Phone _____

Home Address _____ Cell _____

Employer _____ Work Phone _____

Employer Address _____ E-mail _____

Father/Guardian

Name _____ Home Phone _____

Home Address _____ Cell _____

Employer _____ Work Phone _____

Employer Address _____ Email _____

Additional Adults Approved for Child's Release

1. Name _____ Relationship _____

Home Phone _____ Cell Phone _____

Employer _____ Work Phone _____

2. Name _____ Relationship _____

Home Phone _____ Cell Phone _____

Employer _____ Work Phone _____

3. Name _____ Relationship _____

Home Phone _____ Cell Phone _____

Employer _____ Work Phone _____

Requested Start Date _____ Days in attendance (please circle): M T W TH F

Hours in attendance _____ am/pm until _____ am/pm Classroom _____

CHILD/FAMILY PERSONAL HISTORY

The purpose in securing the following information about your child and his or her family is to help the teachers get to know and better understand your child. We consider the care of your child a joy, privilege, and serious responsibility. All information will be kept confidential. Thank you!

Other children in the family _____

Name

Age

Name

Age

Other members of the household (include relationship & age) _____

Family Status of parents: _____ Married _____ Single _____ Divorced _____ Separated.

Child lives with _____ Relationship _____

Language other than English spoken in the home _____ Citizenship _____

Are there any special words that would help us communicate with our child? _____

Religious or spiritual affiliation? _____

Is there any pertinent information about your child's general health or personal history that we should know?

Any Allergies (food, medication, soap, etc.) No or Yes: _____

Child's favorite things _____

Child is toilet trained: Yes No _____

Child's dislikes _____

Any Pets _____

Other Comments _____

Completed by: _____ Date: _____

The section below is to be completed by Administration.

Administration Notes:

Date of Tour: _____ Toured with: _____ Date Registration Returned: _____

Waitlist (circle): YES/NO

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