



New Nursery School  
Group Child Care Enrollment Form

**Child's Information**

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Child's Name: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Skin Color: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Height: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Sex: \_\_\_\_\_ Weight: \_\_\_\_\_  
Date of Admission: \_\_\_\_\_ Age at Admissions: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Primary Language: \_\_\_\_\_  
Identifying Marks: \_\_\_\_\_  
Sibling's Names and Ages: \_\_\_\_\_  
Allergies/Special Diet: \_\_\_\_\_

**Parent/Guardian Information**

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Parent/Guardian Name: _____	Parent/Guardian Name: _____
Relationship to Child: _____	Relationship to Child: _____
Home Address: _____	Home Address: _____
Home Telephone: _____	Home Telephone: _____
Cell Phone: _____	Cell Phone: _____
Work Name: _____	Work Name: _____
Work Address: _____	Work Address: _____
Work Telephone: _____	Work Telephone: _____
Hours at Work: _____	Hours at Work: _____

**Additional Information**

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Child's Physician/Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Health Conditions: \_\_\_\_\_ Special Limitations \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date