



New Nursery School
Group Child Care Enrollment Form

Child's Information

Child's Name: _____ Eye Color: _____ Skin Color: _____

Child's Preferred Name: _____ Hair Color: _____ Height: _____

Home Address: _____ Sex: _____ Weight: _____

Telephone: _____

Date of Admission: _____ Age at Admission: _____

Identifying Marks: _____

Sibling's Names and Ages: _____

Allergies/Special Diet: _____

Parent/Guardian Information

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

Child's Physician/Clinic: _____ Phone: _____

Address: _____

Health Conditions: _____ Special Limitations: _____

Parent/Guardian Signature

Date