

A Nu Beginning Childcare Center & Learning Academy



A NEW JOURNEY. A NEW BEGINNING

Children's Enrollment Form

Entrance Date _____

Withdrawal Date _____

Child's Name _____ Sex Age _____

Date of birth _____

Home Address (Street)

City _____ State _____

Zip _____

Home Phone Number _____

Father's Name _____ Home Phone _____

Father's Home Address (if different from child's) Street

City _____ State _____ Zip _____

Father's Place of Employment _____



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Work Phone _____

Employer's Street Address _____ City _____ State _____

Zip _____

Mother's Name _____

Home Phone _____

Mother's Home Address (if different from child's)

Street _____

City _____ State _____ Zip _____

Mother's Place of Employment _____

Work Phone _____

Employer's Street Address _____ City _____

State _____ Zip _____

Child's Living Arrangements: (check one) ()Both Parents ()Mother ()Father ()Other

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

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

*Name _____

Address _____

Street-City-State-Zip

Telephone Number _____



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Relationship to child _____

Relationship to Parent(s) or

Guardian _____

Other identifying information (if any)

*Name _____

Address _____

Street-City-State-Zip

Phone _____

Relationship to child _____

Relationship to Parent(s) or

Guardian _____

Other identifying information (if any)

Persons to contact in the case of emergency when parent or guardian cannot be reached:

Name _____

Phone(s) _____

Name _____

Phone(s) _____



A Nu Beginning Childcare Center & Learning Academy

Name _____

Phone(s) _____

Name of Public or Private School child attends, if any:

Child's Doctor or Clinic Name

Doctor/Clinic Phone

My child has the following special needs

The following special accommodation(s) may be required to meet my child's needs most effectively while at the center:

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:



