



Serving Children ages 2.5 – 6 years old

## ENROLLMENT PACKET

9009 N. WALL STREET  
SPOKANE, WA 99218  
509-466-6959

**ENROLLMENT FORM**

Date: enrolled \_\_\_\_\_ terminated: \_\_\_\_\_

**CHILD INFORMATION:**

Child's Name: \_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE NAME

Name used: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_\_

Child's Primary Residence (address): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other: \_\_\_\_\_

**FAMILY INFORMATION:**

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mother's Email (for school communications): \_\_\_\_\_

Mother's Day Phone: \_\_\_\_\_ Employer Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Father's Email (for school communications): \_\_\_\_\_

Father's Day Phone: \_\_\_\_\_ Employer Address: \_\_\_\_\_

Is child living with both parents? \_\_\_\_\_ If not, with whom? \_\_\_\_\_

**OTHER CONTACT PERSONS:**

Emergency Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

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Emergency Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

**NAMES AND PHONE NUMBERS OF PERSONS PERMITTED TO PICK UP YOUR CHILD FROM CENTER:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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**MEDICAL INFORMATION:**

Child's Physician: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Date of last physical exam: \_\_\_\_\_

Does your child have any specific health problems which the staff should be aware of? \_\_\_\_\_

Allergies?: \_\_\_\_\_ If so, what?: \_\_\_\_\_

**PERSONAL INFORMATION:**

Please list names and ages of other members of other members of your family who your child relates to: \_\_\_\_\_

List any specific fears, likes, dislikes your child might have which may help us know him/her better: \_\_\_\_\_

How does your child behave when ill?: \_\_\_\_\_

Does your child take naps?: \_\_\_\_\_ What is an average nap time?: \_\_\_\_\_

Has your child had any previous group experiences? (i.e. co-ops, Sunday School, daycare): \_\_\_\_\_

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What was the reaction?: \_\_\_\_\_

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Who disciplines your child at home?: \_\_\_\_\_

What method is used at home?: \_\_\_\_\_

Is your child fully toilet-trained?: \_\_\_\_\_

If so, at what age did this occur?: \_\_\_\_\_

Does your child have a good appetite?: \_\_\_\_\_

What are your child's interests and favorite activities?: \_\_\_\_\_

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