



Women's Community Y Child Development Center ENROLLMENT FORM

Child's Name _____ Date of Birth _____

Parent/Guardian _____ Address _____

Home/Cell Phone _____ Email _____

Employment _____ Work Phone _____

Parent/Guardian _____ Address _____

Home/Cell Phone _____ Email _____

Employment _____ Work Phone _____

Family Doctor _____ Phone _____

Family Dentist _____ Phone _____

Any known allergies and/or medicines taken _____

Names and phone numbers (other than listed above for emergency use) _____

Can you child completely take care of him/herself in the bathroom? If not, what help is needed? _____

School and grade if school age _____

Is there any specific help your child needs that we should be aware of: _____

In the space below, please share any information you feel would be helpful to the staff in caring for your child. (Use back if more space is needed.)

Notarization Required

Signature of Parent/Guardian _____ Date _____

Subscribed and sworn to before me this _____ day of _____, 20 _____

Notary _____

My appointment expires: _____