



## Admission Form

Please fill out this form entirely. If a question does not apply to your child, then write N/A. The form should be submitted to the provider if you want to enroll your child.

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Primary Language Spoken if other than English: \_\_\_\_\_

Anticipated days and times of attendance:

Days	Monday __	Tuesday __	Wednesday __	Thursday __	Friday __
Times	__ AM to __ PM	__ AM to __ PM	__ AM to __ PM	__ AM to __ PM	__ AM to __ PM

### Parent / Guardian

### Parent / Guardian

Parent/Guardian Name: \_\_\_\_\_

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

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

Cellphone Number: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

Work Schedule  
\_\_\_\_\_

### Emergency Contact (person to be contacted in case of emergency when the parent is unavailable)

#### Person 1

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

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

#### Person 2

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

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



**Child's Health Information**

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

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

Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Information on allergies, special diets, chronic health conditions and/or any special limitations or concerns, including medications the child is taking at home or school and possible side effects of those medications:

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**Child information**

Address \_\_\_\_\_

Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_

Eye Color \_\_\_\_\_ Hair Color: \_\_\_\_\_ Skin Color: \_\_\_\_\_

Gender: Male \_\_\_ Female \_\_\_ Scars/birthmarks: \_\_\_\_\_ age at admission \_\_\_\_\_

Provider's name: Aracelis Salgado

**Emergency Contact / Authorized Pick-up Persons**

Name:	_____	_____
Home Address:	_____	_____
Business Address:	_____	_____
Cellphone Number:	_____	_____
Work Phone Number:	_____	_____
E-mail:	_____	_____
Relation to child:	_____	_____