

# Early Childhood Family Education/ECFE Enrollment Form

TODAY'S DATE \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_  
(LAST, FIRST, MIDDLE INITIAL)

SEX: \_\_\_\_ (M) \_\_\_\_ (F) BIRTH DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ e-mail address (to receive reminders) \_\_\_\_\_

Mother's Name \_\_\_\_\_ cell # \_\_\_\_\_ work # \_\_\_\_\_

Father's Name \_\_\_\_\_ cell# \_\_\_\_\_ work # \_\_\_\_\_

IS YOUR CHILD ENROLLED IN: GROUP CHILD CARE \_\_\_\_ PRESCHOOL/HEAD START \_\_\_\_

DOES YOUR CHILD HAVE ANY SPECIAL HEALTH/LEARNING CONDITIONS? \_\_\_\_ YES \_\_\_\_ NO

(If yes, please describe)

**HOUSEHOLD MEMBERSHIP:** Please provide the following information for each person who lives in the same household as the enrolled child. List yourself first, then list the other adults, then any other children.

NAME	RELATIONSHIP	DATE OF BIRTH	MALE	FEMALE	OCCUPATION
_____					
_____					
_____					
_____					
_____					

Any allergies or medical problems the staff should be aware of?

Best way to contact you: email, telephone, texting

What telephone number \_\_\_\_\_

PERSON AUTHORIZED to remove child from school: \_\_\_\_\_

PERSONS NOT AUTHORIZED to remove child from school: \_\_\_\_\_