



**"The Best Start In Life"**  
**KinderKare Pre-School**

Enrollment Information

Child's name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Nationality: \_\_\_\_\_ Religion \_\_\_\_\_  
Mother's name: \_\_\_\_\_ Residence \_\_\_\_\_  
Mother's work place: \_\_\_\_\_ cell phone: \_\_\_\_\_  
Mother's Email address: \_\_\_\_\_  
Father's name: \_\_\_\_\_ Residence \_\_\_\_\_  
Father's work place: \_\_\_\_\_ cell phone: \_\_\_\_\_  
Father's Email address: \_\_\_\_\_  
Guardian's name: \_\_\_\_\_ Residence \_\_\_\_\_  
Guardian's work place: \_\_\_\_\_ cell phone: \_\_\_\_\_  
Do both parents live in the home? \_\_\_yes \_\_\_no  
If you are divorced please describe the custody and visitation agreement for the child. You may use the back of this page.  
People I can contact in case you cannot be reached in an emergency:  
\_\_\_\_\_ phone: \_\_\_\_\_  
\_\_\_\_\_ phone: \_\_\_\_\_  
\_\_\_\_\_ phone: \_\_\_\_\_  
People to whom I can release your child:  
\_\_\_\_\_ phone: \_\_\_\_\_  
\_\_\_\_\_ phone: \_\_\_\_\_  
\_\_\_\_\_ phone: \_\_\_\_\_  
Please list any allergies: \_\_\_\_\_  
Which foods have is your child allergic to?  
\_\_\_\_\_

Please list any special toys or items your child uses for comfort:  
\_\_\_\_\_  
\_\_\_\_\_

What have you found to be the most effective ways to soothe your child's crying?  
\_\_\_\_\_  
\_\_\_\_\_

Does your child regularly take any medications? \_\_\_\_\_ If so, please describe: \_\_\_\_\_  
\_\_\_\_\_

Describe your child's overall health: \_\_\_\_\_  
\_\_\_\_\_

Please list your child's physician: \_\_\_\_\_  
Physician's phone/address: \_\_\_\_\_  
\_\_\_\_\_

If there is anything else you would like us to know, please write it on the back of this page, or on a separate sheet of paper.