



Nourishing young children and their families through Spanish immersion education

Enrollment Form / Personal Information

Child's Name: _____

Nickname: _____ Birth date: _____

Address: _____

City: _____ State _____ Zip Code: _____

Age (in months): _____ Gender: _____ Male _____ Female

Home Phone #: _____

Primary Parent Name: _____

Occupation: _____

Cell Phone #: _____ Work Phone #: _____

Place of Work: _____

Email: _____

Employer Address: _____

Do you have the same home address as your child? _____ Yes _____ No If not, list below

Address: _____

City: _____ State _____ Zip Code: _____



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Enrollment Form / Personal Information (continued)

Secondary Parent Name: _____

Occupation: _____

Cell Phone #: _____ Work Phone #: _____

Place of Work: _____

Email: _____

Employer Address:

Do you have the same home address as your child? _____ Yes _____ No If not, list below

Address: _____

City: _____ State _____ Zip Code: _____

El Bosque Encantado assumes that both parents are authorized to pick up the child unless we have a court order in the child's file.

Is your child attending on a full-time or part-time basis? _____ Full-time _____ Part-time

If part time, which days are you requesting? M T W TH F

What are the approximate times your child will be in attendance? _____



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Enrollment Form / Medical Information

Doctor's Name: _____

Doctor's Phone #: _____

Doctor's Address: _____

City: _____ State _____ Zip Code: _____

Dentist's Name: _____

Dentist's Phone #: _____

Dentist's Address: _____

City: _____ State _____ Zip Code: _____

Please describe if your child has any medical, dental, or dietary concerns that we should be aware of, including allergies:

Please describe anything you would like our staff to know about your child's eating, sleeping, toileting, communication, and comforting habits. Additionally, please describe any individual childcare program needs and/or family traditions and customs that are pertinent.



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Authorized Pick-Up and Emergency Contacts

Name: _____

Address: _____

Relationship to Child: _____

Cell Phone #: _____ Home Phone #: _____

Name: _____

Address: _____

Relationship to Child: _____

Cell Phone #: _____ Home Phone #: _____

Name: _____

Address: _____

Relationship to Child: _____

Cell Phone #: _____ Home Phone #: _____