

**WHEAT RIDGE LEARNING ACADEMY
#1 Enrollment Information Form**

Child's Name: _____	Date of Birth: _____	Age at Enrollment: _____
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Children's Address: _____		

Parent/Guardian # 1's Name: _____	Relationship to child: _____
Address (if different): _____	Cell #: _____
Employer Name & Address: _____	Work #: _____
Email Address: _____	
Parent/Guardian #2's Name: _____	Relationship to child: _____
Address (if different): _____	Cell #: _____
Employer Name & Address: _____	Work #: _____
Email Address: _____	
Special instructions as to how the parents or guardians can be reached during the hours the child is at the center: _____	

Child Information:
Please list family members your child lives with (include ages and names of siblings): _____

Does your child have any individual special needs involving routine care, behavior and guidance, communication, or positioning? If yes, please describe: _____

Is your child allergic to any foods, medications, etc.? If yes, please describe: _____
Describe any special precautions for diet, medication, or activity, if applicable: _____
Do you have copies of custody agreements, court orders, or restraining orders pertaining to the child? If yes, please attach. _____
Do you have any other needs or concerns for your child while they are at childcare? _____
I give permission to the child care staff to consult with health and child development professionals regarding my child's needs. Yes/No _____
What is your child's home school (the school he or she will attend kindergarten)? _____

For office use only:				
Date Enrolled: _____	Start Date: _____	Classroom: _____	Allergies: _____	
Registration Fee Paid <input type="checkbox"/>	All forms signed <input type="checkbox"/>	Immunizations Rec'd <input type="checkbox"/>	Health Statement Rec'd <input type="checkbox"/>	File complete <input type="checkbox"/>