

Great Beginnings Early Childhood Center

ADMISSION RECORD

DATE OF ENROLLMENT _____

CHILD'S NAME _____ BIRTHDATE _____

PARENTS _____

ADDRESS _____

TELEPHONE _____ EMAIL _____

PARENTS' WORK PHONE _____

IF NEITHER PARENT OR GUARDIAN CAN BE REACHED IN AN EMERGENCY

CALL _____ TELEPHONE _____

PERSONS DESIGNATED TO PICK UP CHILD FROM CENTER:

CHILD'S PHYSICIAN _____ PHONE _____

CHILD'S DENTIST _____ PHONE _____

THINGS OUR CHILD LIKES TO DO AT HOME: _____

NEW SKILLS OUR CHILD HAS ACQUIRED: _____

THINGS OUR CHILD DOES NOT LIKE : _____

GOALS THAT WE HAVE FOR MY/OUR CHILD: _____

ALLERGIES: _____

PLEASE ADD ANY OTHER ADDITIONAL INFORMATION ON THE BACK
