

**Herencia Guadalupana Lab Schools Inc. 501 (c) 3 Inc.**  
**Enrollment Application**  
**2014**

Admission Date: \_\_\_/\_\_\_/\_\_\_

Discharge Date: \_\_\_/\_\_\_/\_\_\_

Parent's name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Cell-Phone: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Child:

Name: \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_ Sex [ ]M [ ]F

Is child up to date on shots? Yes No Date of last checkup: \_\_\_\_\_

Is child on any type of medication? Yes No

If yes, what? \_\_\_\_\_

Is child allergic to any medication? List

Is child allergic to any foods? List

What do you substitute for the above foods? List

What are child's sleeping routines?

What are child's fears?

What are child's favorite activities?

What are their favorite books?

List your child's talents or skills?

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Are there any learning concerns?

Are there any home situations we should know that impact his learning?

List the talents or skills you child has?

What specific things do you want your child to learn?

What are any concerns or questions you may have?

Person responsible for paying for childcare: \_\_\_\_\_

Person responsible for picking up child/ren: \_\_\_\_\_

I agree to promptly notify director of any changes of the above information.

This form is legally binding, so by signing it, you agree that all of the information provided herein is correct. Providing false information could result in termination of childcare services, forfeiture of childcare retainer, or both.

Father/Guardian's Signature	Date
Mother/Guardian's Signature	Date
Provider Name/ Daycare name	Date