



Enrollment Application

Child's Name _____ **DOB** _____ **Date of Admission** _____

Home address _____ **City** _____ **Zip Code** _____

Mother's Name _____ **Social Security #** _____ **Employer** _____

Phone: (H) _____ **(W)** _____ **(C)** _____ **Driver's License #** _____

Father's Name _____ **Social Security #** _____ **Employer** _____

Phone: (H) _____ **(W)** _____ **(C)** _____ **Driver's License #** _____

Other authorized persons to whom child may be released and/or emergency contacts:

Name _____ **Relationship** _____ **Home Phone** _____ **Work Phone** _____

Address _____ **Cell Phone** _____

Name _____ **Relationship** _____ **Home Phone** _____ **Work Phone** _____

Address _____ **Cell Phone** _____

Child's Physician _____ **Phone Number** _____

Any health or special information that Best Beginnings should know including, but not limited to, injuries, allergies, mental health disorders, or disabilities that would limit participation in our program's activities:

Please specify any dietary restrictions (medical or religious) _____

Email: _____ **Email:** _____

Signed: Mother _____ **Father** _____

Legal Guardian _____ **Date:** _____

Play Visit Date: _____

CIN#: _____

Licensing Summary: _____

Flu Info _____