CHILD'S NAME:_____ **DATE OF ENROLLMENT**:

( )Male ( )Female (if known) **PREFERRED**:_____

DATE OF BIRTH:_____ or **EXPECTED DATE OF BIRTH**:_____

AGE GROUP: ___6 wks to 14 mos ___15mos-24mos ___24-36mos ___30mos-42 mos* ___42mos and up*

MOM'S NAME

& WORK #:_____ M_____ T_____W_____R_____F_____

DAD'S NAME (place appropriate letter in box)

AND WORK #:_____ F=FULL DAY A=7a-12p P=12:30p-5:30p

HOME

ADDRESS:_____ FACULTY ( ) COMMUNITY ( )

STAFF ( ) STUDENT ( )

_____**ZIP**_____

LIST SIBLINGS NEEDING CARE: DATE OF BIRTH:

HOME PHONE:_____ _____ _____

_____ _____

FOR OFFICE USE ONLY_____

_____

_____

_____

*Children in these age groups should be using the toilet. 9/98