



Learn & Play Christian Early Learning Center  
 811 E. Main St., Branford, CT 06405  
 Phone (203) 488-4028, Fax 488-9952  
<http://www.learnandplaychristian.org>

## Enrollment Form

Child's First and Last Name \_\_\_\_\_  
 Child's Home Address \_\_\_\_\_  
 Town \_\_\_\_\_, CT Zip \_\_\_\_\_  
 Child's Date of Birth \_\_\_\_\_ My Child's First day will be \_\_\_\_\_

Mother's First and Last Name \_\_\_\_\_ DOB \_\_\_\_\_  
 Mother's Address \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell \_\_\_\_\_  
 Mother's Place of Business \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 E-mail Address \_\_\_\_\_

Father's First and Last Name \_\_\_\_\_ DOB \_\_\_\_\_  
 Father's Address \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell \_\_\_\_\_  
 Father's Place of Business \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 E-mail Address \_\_\_\_\_

Parent's marital status (circle one)    Single    Married    Separated    Divorced  
 Custody/Visitation Rights (circle one)    not applicable    papers attached

Names and ages of siblings \_\_\_\_\_  
 Is your child adopted?    Yes    No    Does he/she know?    Yes    No  
 Identify your child's allergies or special needs \_\_\_\_\_  
 Child's physician or health care provider \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 Child's Dentist \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_

**Designate two responsible persons, other than the child's parents listed on this form, who have permission to remove your child from Learn & Play and who can be used by Learn & Play as Emergency Contacts after presenting proper identification if parents cannot be reached.**

First and Last Name \_\_\_\_\_ Phone/Cell \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 Relationship to Child \_\_\_\_\_

First and Last Name \_\_\_\_\_ Phone/Cell \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 Relationship to Child \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Director's Signature \_\_\_\_\_ Date \_\_\_\_\_