



Robins Nest Learning Center

Enrollment Record

Name of Child: _____
 Birthdate: _____ Sex: _____
 Address: _____
 Date Child Received: _____ Date Child Left: _____

Parent Or Other Person(s) Placing the Child

Name: _____ Relation to child: _____
 Email: _____
 Home Address: _____
 Phone: _____ Cell: _____ Work Ph: _____
 Working hours: _____

Parent Or Other Person(s) Placing the Child

Name: _____ Relation to child: _____
 Email: _____
 Home Address: _____
 Phone: _____ Cell: _____ Work Ph: _____
 Working hours: _____

Other Person To Notify If Person Placing the Child Cannot be Reach

Name _____
 Address _____
 Phone: _____ Work Ph: _____ Relationship _____

PHYSICIAN TO CALL IF CHILD BECOMES ILL OR INJURED

Name _____
 Address _____
 Phone Number _____ Hospital or Clinic _____

PROGRAM

Days per week _____ Hour of care _____
 Rate of pay (optional) _____

Signature of parent or other person placing child

Signature of caregiver

Date

Completely filled in form must be kept by the licensee for each child not related to the licensee. Please have this form available all times to licensing representatives of the Department of Child and Family Services. Contact the Area Office for supplies this form.