MOTHER CHILD EDUCATION AND HEALTH FOUNDATION (MCEHF)

EARLY CHILDHOOD LEARNING CENTER

CHILD INTAKE & ENROLLMENT FORM

"Nurturing Young Minds, Building Brighter Futures"

Date of Application: _____

SECTION 1: CHILD INFORMATION

Child's Full Name: _____

Nickname (if any): _____

Date of Birth: _____ Age: _____ Gender: ☐ Male ☐ Female

Place of Birth: _____

Home Address: _____

Primary Language Spoken at Home: _____

Previous School/Daycare Attended (if any): _____

Class Applying For: ☐ Nursery ☐ Preschool ☐ Kindergarten ☐ After-School Program

SECTION 2: PARENT/GUARDIAN INFORMATION

Mother/Guardian

Full Name: _____

Phone Number: _____ Email Address: _____

Occupation: _____

Father/Guardian

Full Name: _____

Phone Number: _____ Email Address: _____

Occupation: _____

Person responsible for school fees: _____

SECTION 3: FAMILY INFORMATION

Number of children in household: _____

Names and ages of siblings:

1. _____ Age: _____
2. _____ Age: _____
3. _____ Age: _____

Who does the child live with? ☐ Both parents ☐ Mother only ☐ Father only ☐ Guardian ☐ Other: _____

SECTION 4: CHILD HEALTH INFORMATION

Does your child have any allergies? ☐ No ☐ Yes (Explain): _____

Medical conditions or health concerns:

_____

_____

Is your child taking any medication? ☐ No ☐ Yes: _____

Immunization/Vaccination Status: ☐ Up to date ☐ Not complete ☐ Unknown

Doctor/Health Center Name: _____

Emergency Medical Contact Number: _____

SECTION 5: CHILD DEVELOPMENT INFORMATION

Does your child have difficulty with:

☐ Speech/communication ☐ Walking/movement ☐ Hearing ☐ Vision ☐ Social interaction ☐ Learning skills

Please provide additional information:

_____

_____

_____

What are your child's strengths and interests?

_____

_____

What comforts your child when upset?

_____

_____

SECTION 6: DAILY ROUTINES

Does your child sleep during the day? ☐ Yes ☐ No **Preferred nap time:** _____

Food Allergies or Dietary Restrictions: _____

Favorite foods: _____

Foods your child dislikes: _____

SECTION 7: EMERGENCY CONTACTS

Emergency Contact 1	Emergency Contact 2
Name: _____	**Name:** _____
Relationship to Child: _____	**Relationship to Child:** _____
Phone Number: _____	**Phone Number:** _____

SECTION 8: AUTHORIZED PICK-UP PERSONS

Persons allowed to pick up the child:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

SECTION 9: PARENT EXPECTATIONS

What are your goals for your child at MCEHF Early Childhood Learning Center?

_____

_____

_____

_____

_____

How did you hear about MCEHF? ☐ Family/Friend ☐ Community Outreach ☐ Social Media ☐ Other: _____

SECTION 10: PARENT AGREEMENT

I confirm that the information provided in this form is accurate. I understand that MCEHF Early Childhood Learning Center is committed to providing a safe, caring, and educational environment that supports the growth and development of every child.

Parent/Guardian Name: _____

Signature: _____ Date: _____

MCEHF Representative: _____

Signature: _____ Date: _____

OFFICE USE ONLY

Enrollment Status: ☐ Accepted ☐ Waiting List ☐ Pending Review

Class Assigned: _____

Start Date: _____