

**HELPING HANDS CHILDCARE  
Enrollment Form**

<b>Child Information</b>			
First Name	Last	M.I.	DOB
Street Address		Apartment/Unit #	
City	State	ZIP	
Check Any That Apply <input type="checkbox"/> Handicapped <input type="checkbox"/> Migrant <input type="checkbox"/> Child has a special diet			
Height:		Eye Color:	
Weight:		Hair Color:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			

<b>Mother/Guardian #1 Information</b>			
First Name	Last	M.I.	
Street Address		Apartment/Unit #	
City	State	ZIP	
Occupation	Employer		
Work Address			
City	State	ZIP	
Home Phone	Work Phone	Cell Phone	
Email			

<b>Father/Guardian #2 Information</b>			
First Name	Last	M.I.	
Street Address		Apartment/Unit #	
City	State	ZIP	
Occupation	Employer		
Work Address			
City	State	ZIP	
Home Phone	Work Phone	Cell Phone	
Email			

<b>Emergency Contacts</b>			
#1 First Name	Last	Relationship	
Home Phone	Work Phone	Cell Phone	
#2 First Name	Last	Relationship	
Home Phone	Work Phone	Cell Phone	

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<b>Child's Medical Information</b>						
Physician Name				Phone Number		
Clinic Name			Address			
Insurance Company				Group Number		
<input type="checkbox"/> If unavailable, another licensed physician may treat the child						
Dentist Name				Phone Number		
Clinic Name			Address			
Insurance Company				Group Number		
<input type="checkbox"/> If unavailable, another licensed physician may treat the child						
Immunizations						
	Date	Date	Date	Date	Date	Date
DTP						
MMR						
Polio						
Hib						
Varicella						
HBV						
PCV						

DTP = Diphtheria, Tetanus, Pertussus Vaccine

MMR = Measles, mumps, Rubella vaccine

Polio = Oral polio vaccine

Hib = Haemophilus influenza type B Vaccine

Varicella = Chicken Pox vaccine

HBV = Hapatitus B virus vaccine

PCV (Prevnar) = Penumococcal Conjugate

<b>For Statistic Purposes Only (this information is given to the food program)</b>	
<p>Click the checkbox that best describes the child's racial and ethnic identity. This information is voluntary and will not effect the child's eligibility.</p>	
<p><b>Ethnic Identity: Check One</b></p> <p><input type="checkbox"/> Hispanic or Latino</p> <p><input type="checkbox"/> Not Hispanic or Latino</p>	<p><b>Racial Category: Check all that apply</b></p> <p><input type="checkbox"/> American Indian or Alaskan Native</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Native Hawaiian or other Pacific Islander</p> <p><input type="checkbox"/> White</p>