



# Essential Records

## BORN TO LEARN™ ENROLLMENT RECORD

Child's name: \_\_\_\_\_ Date of enrollment: \_\_\_\_\_

Family Information: (Some of this information may be recorded later when working with the family.)

Address: \_\_\_\_\_

Home telephone: ( ) \_\_\_\_\_ Cell phone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_ Best time to contact family: \_\_\_\_\_

Alternate contact in case of emergency: \_\_\_\_\_

What is the family's reason for joining your program? \_\_\_\_\_

	Mother	Father	Guardian
First Name			
Last Name			
Marital Status			
Last grade completed in school			
Language most often used			
Currently employed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Full <input type="checkbox"/> Part	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Full <input type="checkbox"/> Part	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Full <input type="checkbox"/> Part

Siblings living in the home	Name	Gender	Age	Birth date
		<input type="checkbox"/> M <input type="checkbox"/> F		
		<input type="checkbox"/> M <input type="checkbox"/> F		
		<input type="checkbox"/> M <input type="checkbox"/> F		
		<input type="checkbox"/> M <input type="checkbox"/> F		

Residents in the home other than immediate family	Name	Gender	Relationship to child
		<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> M <input type="checkbox"/> F	

### Child Information:

Due date: \_\_\_\_\_ Birth weight: \_\_\_\_\_

Any illnesses or complications during pregnancy or delivery?  Yes  No

If yes, describe \_\_\_\_\_

Any hospitalizations since birth?  Yes  No If yes, list reason \_\_\_\_\_

Any current medical conditions?  Yes  No If yes, describe \_\_\_\_\_

Name of child's healthcare provider: \_\_\_\_\_ Date of last physical exam: \_\_\_\_\_

Additional comments or information that parent feels would be helpful in visiting with the family: