

Barnum Family Resource Center

Barnum School - 495 Waterview Ave - Bridgeport, CT 06608 - (203) 275-2371

Child Care Enrollment Form

Today's Date: _____

Child's Name: _____ Birth Date: _____ 0-35
 36-59
 60-over

Parents Name: _____ Phone #: _____

Child Care Provider: _____ Phone #: _____

(MEDICAL INFORMATION F.R.C. CHILD CARE ONLY)

Allergies: _____ If yes, what type: _____

Medication: _____ If yes, what kind: _____ Medical Condition: _____

Health Insurance: _____ Health Care Provider: _____

Immunization up to Date: Yes or No Last Physical Exam: _____

Vision Screening: _____

Hearing Screening: _____

Any medical or behavioral concerns: _____

If so, has any service been provided already: _____

FOR INTERNAL USE ONLY

Preschool Child Care: _____ FRC: _____ On-Site: _____ Off-Site

PARENT AGREEMENT (F.R.C. CHILD CARE ONLY) SIGNED COPY ON FILE _____ YES