



York W. Williams, Jr. Child Development Center, Inc.



"School of Excellence"

Administration Office

115 North Freeman, Dermott, AR

Phone 870-538-3041(Ext.25)

Fax 870-538-3042

CHILD'S ADMISSION FORM FOR ENROLLMENT

PARENTS: This information is required prior to enrollment of your child. Please assist your child care provider (registrant) by completing this form accurately.

Date _____

CHILD INFORMATION

Child's Full Name: _____ Birth Date: _____

Address: _____ City/State/Zip: _____

Social Security #: _____ Medicaid#: _____

Age: _____

PARENT INFORMATION

Parent/Guardian Full Name: _____ Employer: _____

Parent/Guardian Mailing Address: _____ City/State/Zip: _____

Work Phone: _____

Other Parent/Guardian Full Name: _____ Phone: _____

Address: _____ City/State/Zip: _____

EMERGENCY CONTACTS:

Name: _____ Phone: _____

Relationship: _____

Name: _____ Phone: _____

Relationship: _____

Name of Child's Doctor: _____ Phone: _____

Name of Child's Dentist: _____ Phone: _____

Hospital Preference: _____

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ADDITIONAL INFORMATION ABOUT YOUR CHILD:

If your child has any allergies, takes medication or has special dietary requirements, or other identified needs, please describe (use additional sheets if necessary):

Bring back with Enrollment Packet

Copy of Social Security Card

Copy of Medicaid Card

List of Medications