

**L.L.L. PRESCHOOL - PARENT/TODDLER PLAYGROUP
Child Fact Sheet/Enrollment Form**

Child's Name _____ Sex M F

Home Address _____

City/State/Zip _____

Home Telephone _____

Date of Birth _____

ALLERGIES? _____

FOOD ALLERGIES/SENSITIVITIES? _____

IF YOUR CHILD HAS ALLERGIES, ARE ANY LIFE-THREATENING? YES/NO

IF YES, WHICH ONES? _____

WHAT TREATMENT IS RECOMMENDED? _____

Special limitations or concerns _____

PARENT/GUARDIAN INFORMATION

Name _____ Name _____

Relationship to child _____ Relationship to child _____

Address (if different) _____ Address (if different) _____

Home telephone _____ Home telephone _____

Cell phone _____ Cell phone _____

Other emergency contact numbers _____

Email _____