

Garden of Eden Child Care Center

423 10th Avenue S. Francisco 94118

Phone: 415.420.5132

ENROLLMENT FORM

Child's First Name _____ Last Name _____

Hebrew Name _____ Nickname _____ Date of Birth _____

Address _____ City State Zip _____

Phone _____ Fax _____ E-mail _____

Mother (or Guardian name) _____ Hebrew Name _____ Occupation _____

Bus. Phone _____ Cell Phone _____ E-mail _____

Father (or Guardian name) _____ Hebrew Name _____ Occupation _____

Bus. Phone _____ Cell Phone _____ E-mail _____

Marital Status:

Married Single Other _____ Divorced – How Long? _____

Are there custodial restrictions for either parent, or other parties? _____

If yes, explain: _____

EMERGENCY CONTACTS:

Name	Phone	Relationship
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Name	Phone	Relationship
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Please register my child in the following programs:
Complete the number of days each week you'd like to send.
 Half Days _____
 Full Days _____

Questionnaire: Please answer these questions so we can accommodate your child as best we can.
Is the natural mother of the child Jewish? _____
Language(s) spoken at home _____
Does your child nap during the day? _____ If yes, what time? _____
Is your child toilet trained? _____

Please use the space provided to describe your child's physical strengths and/or deficiencies (physical, emotional, intellectual):

Parent's Signature: _____ Date: _____