

Child's official date of enrollment: _____
(office use only)

A Leap In Learning

79 Buffalo St, Hamburg, NY 14075
5197 South Park Ave, Hamburg, NY 14075
5020 Armor Duells Rd- Suite 5- Orchard Park, NY 14127

Child's Full Name: _____ Date of Birth: _____

Street Address: _____

City: _____ Zip code: _____

Guardian's Name/ Mother's: _____

Address: (if different from child): _____

Phone Numbers (Home): _____ Cell: _____

Work: _____ Place of Employment _____

Email Address: _____

Father's Name: _____

Address: (if different from child): _____

Phone Numbers (Home): _____ Cell: _____

Work: _____ Place of Employment _____

Email Address: _____

Medical Information

Insurance Provider: _____

Primary Doctor: _____

Medications: _____

Allergies/Health Concerns:

Authorization to Pick up

Guardian/ Mother's Name: _____

Father's Name: _____

The contacts listed below are also authorized to pick up your child.

1. Name: _____

Phone number: _____

Relationship to child: _____

2. Name: _____

Phone Number: _____

Relationship to child: _____

3. Name: _____

Phone Number: _____

Relationship to child: _____

Are there any custody issues or legal concerns we should be aware of? _____

If yes, please attach a copy of the most recent court order.

_____ date received (office use only)

Child Information Sheet

Date of Enrollment: _____

Child's dominant language: _____ Child's Nickname (if any) _____

Does your child have any objects that they may need to sleep with or carry around with them for comfort?

What physical, cognitive, and social emotional skills would you like to see your child develop at A Leap in Learning?

Does your child receive any outside therapies such as speech, OT or PT?

Does your child have any fears?

How does your family handle difficult behaviors in the home?

Does your child have any specific dietary needs or food preferences that their classroom teachers should know about?

Is there anything that we should know about your child?
