



BJBE Early Childhood Program at the Chava Center ENROLLMENT FORM 2023-24

CHILD'S FULL NAME _____ BIRTH DATE ____/____/____

Nickname _____ Sex: M F

Known Allergies: _____

Home Address _____ Home Phone (____) _____

PARENT #1 NAME _____ Cell phone (____) _____

E-mail: _____ Work phone (____) _____

Employer _____ Address _____

Work Schedule (circle days worked) M T W Th F Hours worked: _____

PARENT #2 NAME _____ Cell phone (____) _____

E-mail: _____ Work phone (____) _____

Employer _____ Address _____

Work Schedule (circle days worked) M T W Th F Hours worked: _____

Custodial parent(s) of child _____

Child's Physician: _____

Phone (____) _____ Address _____

In case of emergency, call _____
name - relationship

Address _____ Phone (____) _____

In case of emergency, call _____
name - relationship

Address _____ Phone (____) _____

DCFS licensing requires TWO emergency contacts on file - not parents

For office use only

Date of Admission _____ Departure Date _____