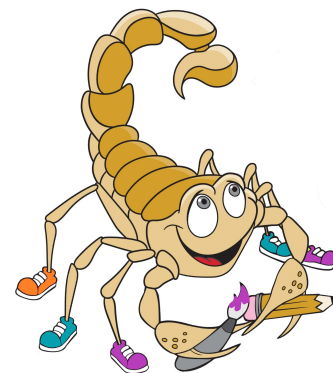




EARLY CHILDHOOD EDUCATION CENTER

NEVADA STATE COLLEGE



CHILD RECORD

Enrollment Date: _____ Initial Start Date: _____

<u>Child's Name:</u>	<u>Preferred Name:</u>	<u>Sex:</u> M F	<u>Date of Birth:</u>
<u>Current Physical Address:</u>	<u>City, State, Zip:</u>	<u>Telephone:</u>	

Enrolling Parent/Guardian: _____ Occupation: _____
 Home Address: _____ Phone: _____
 Work Address: _____ Phone: _____
 Cell Phone: _____

Parent/Guardian: _____ Occupation: _____
 Home Address: _____ Phone: _____
 Work Address: _____ Phone: _____
 Cell Phone: _____

List additional persons who may be called in the event of an emergency, and who are authorized to remove the child from the facility. (Your child will not be allowed to leave with any other person without written authorization from parent or guardian).

Name:	Address:	Home/Cell/Work Phone:	Relationship:

Signature of enrolling Parent/Guardian

Date