



NEVADA STATE UNIVERSITY  
EARLY CHILDHOOD  
EDUCATION CENTER



## 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