LOYOLA MEDICINE
Gottlieb Memorial Hospital
A Member of Trinity Health

Gottlieb Child Development Center
905 W. North Avenue, Entrance #17
Melrose Park, IL 60160
708-538-6871

Child Information Enrollment Form

Child's Name: _____ Primary Language: _____

Child's Address: _____
Street City/Town Zip Code

Place of Birth: _____ Date of Birth: _____ / _____ / _____

Child's Schedule: MON _____ TUE _____ WED _____ THU _____ FRI _____

Parent/Guardian #1

Name: _____

Relationship: _____

Address: _____

_____

Email: _____

Cell Phone: _____

Home Phone: _____

Parent/Guardian #2

Name: _____

Relationship: _____

Address: _____

_____

Email: _____

Cell Phone: _____

Home Phone: _____

Parent/Guardian #1 Business Information

Company Name: _____

Address: _____

Business Phone: _____

Email: _____

Parent/Guardian #2 Business Information

Company Name: _____

Address: _____

Business Phone: _____

Email: _____

Medical Information Health Insurance Provider: _____

Eye Color: _____ Hair Color: _____ Height: _____ Weight: _____ Race: _____ Gender: ☐ M ☐ F

Identified Allergies: _____

Identifying Marks: _____

Physician Information

Physician/Clinic Name: _____

Phone: _____

Address: _____

_____

Date of Child's Last Physical: _____

Dentist Information

Dentist Name: _____

Phone: _____

Address: _____

_____

Parent/Guardian Signature: _____

FOR CENTER USE Center: _____ Admission Date: _____ Age of Admission: _____

Date Registration Fee Rec'd: _____ Discharge Date: _____ Director's Initials: _____