



Phelps Ingersoll Center for Children

99 Union Street Middletown Connecticut 06457

860-343-6227

Date: _____

Childcare Enrollment Form

1. Phelps Ingersoll Center for Children

Located at 99 Union Street. Hours are 7:15am-5:15pm, year round. Lunch is included.

2. Phelps Ingersoll Center for Children at MacDonough

Located at 66 Spring St. Hours are 8:50am-3:40pm, school year schedule. Lunch is not included.

Which Site are you interested in? _____

Child's Full Name: _____ Gender _____

Home Address: _____

Date of Birth: _____ Current Age: _____ Child Soc. Sec. # _____

(Copy of birth certificate required upon enrollment)

Parent 1 Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

Email Address: _____ Number Hours Working p/week _____

Employer: _____ Work Phone _____ ext _____

Address of Employer: _____

Parent 2 Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

Email Address: _____ Number Hours Working p/week _____

Employer: _____ Work Phone: _____ ext _____

Address of Employer: _____

My child is: completely potty trained _____ working on training _____ not trained at all_____.

Parent's Marital Status: _____Married, _____Separated, _____Divorced, _____Widowed, _____Single.

If Siblings, names and ages: _____

Is your child on any medication? __Yes__No Name of Medication(s)_____

Does your child have any medical problems (i.e.: Asthma, allergies)? _____Yes____No

Please describe:_____

Does your child have any allergies? _____Yes_____No Please list:_____

Has your child participated in any Birth to Three services? _____Yes _____No

How does your child adjust to changes in routine or environment? _____

How does your child interact with other children and adults? _____

Have there been any recent events that have contributed to sudden changes in behavior? If so, please explain. _____