



## ROA Enrollment Application

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Parent 1's Name\* \_\_\_\_\_ Parent 2's Name\* \_\_\_\_\_  
Parent 1's Address\* \_\_\_\_\_ Parent 2's Address\* \_\_\_\_\_  
Parent 1's Home Phone\* \_\_\_\_\_ Parent 2's Home Phone\* \_\_\_\_\_  
Parent 1's Cell Phone\* \_\_\_\_\_ Parent 2's Cell Phone\* \_\_\_\_\_  
Parent 1's Work Phone\* \_\_\_\_\_ Parent 2's Work Phone\* \_\_\_\_\_  
Parent 1's Work Address\* \_\_\_\_\_ Parent 2's Work Address\* \_\_\_\_\_  
Parent 1's Email Address \_\_\_\_\_ Parent 2's Email Address \_\_\_\_\_  
Child resides with\* \_\_\_\_\_ Court Order \_\_\_\_\_  
Emergency Contact #1 (Local – other than parent)\* \_\_\_\_\_ Phone \_\_\_\_\_  
Emergency Contact #2 (Local – other than parent)\* \_\_\_\_\_ Phone \_\_\_\_\_  
Other individuals that have permission to pick up my child (in addition to above emergency contacts) \_\_\_\_\_  
Child's Physician\* \_\_\_\_\_ Phone\* \_\_\_\_\_  
Allergies\* \_\_\_\_\_ Medical Conditions\* \_\_\_\_\_  
Medications Taken: \_\_\_\_\_ Medication Form Complete \_\_\_\_Y \_\_\_\_N  
Restrictions or Accommodations Needed \_\_\_\_\_  
Interests \_\_\_\_\_  
What comforts your child: \_\_\_\_\_  
Siblings: \_\_\_\_\_  
Pets: \_\_\_\_\_ Fears: \_\_\_\_\_  
Languages: \_\_\_\_\_ Dislikes: \_\_\_\_\_

Please share with us any information you feel would be helpful in learning about your family, your child's development, or goals for your child.