CHILD ENROLLMENT FORM

Date of Application: _____ Date of Enrollment: _____ Last Day of Enrollment:_____
Child's Name: _____ Child's Date of Birth: _____
Child's Address: _____City: _____Zip Code:_____
Mother's Name: _____ Address:_____
City: _____Zip Code:_____ e-mail address:_____
Home Telephone #: (_____)_____ Cell #: (_____)_____
Mother's Employer: _____ Work #: (____)_____
Mother's Employer Address: _____ City: _____Zip Code:_____
Father's Name: _____ Address: (if different) _____
City: _____Zip Code:_____ e-mail address: _____
Home Telephone #: (if different)(_____)_____ Cell #: (____)_____
Father's Employer: _____ Work #: (____)_____
Father's Employer Address: _____City: _____Zip Code:_____

Weekly Care Schedule: (please include the child's hours in care for each day…begin time & end time)
Monday: _____ Tuesday: _____
Wednesday: _____ Thursday: _____
Friday: _____

Persons to Call in an Emergency or Release Child to (if parent(s) can not be reached)
Name:_____Address:_____
City_____St____Zip_____Phone #: _____ Cell:_____Relationship:_____
Name:_____Address:_____
City_____St____Zip_____Phone #: _____ Cell:_____Relationship:_____
Name:_____Address:_____
City_____St____Zip_____Phone #: _____ Cell:_____Relationship:_____

(Provider's name)_____,my child care provider, has my permission to transport my child, if necessary, when my child is in care. Physician's Name: _____
Address:_____ Phone #: (_____)_____

Additional Emergency/Release names:
Name: _____Address:_____
Phone #:(____)_____Relationship: _____
Name: _____Address:_____
Phone #:(____)_____Relationship: _____
Name: _____Address:_____
Phone #:(____)_____Relationship: _____
The provisions outlined on this form have been worked out in consultation with me and have my approval.
Signature of Parent or Guardian _____ Date: _____ Signature of Parent or Guardian: _____ Date: _____

Is your child related to the person providing his/her child care? Yes No If Yes, what is the relationship? (Relationship=

grandchild, niece, nephew, sibling, son or daughter by blood, adoption or marriage)

Office Use Only
Reg. Pd._____
Sec. Pd._____
Date_____
Ach_____
Total_____
Initials_____