

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: _____	
Code: _____	
Weekly Care Schedule: (please include the child's hours in care for each day) Sunday: _____ Monday: _____ Tuesday: _____ Wednesday: _____ Thursday: _____ Friday: _____ Saturday: _____	Persons to Call in an Emergency or Release Child to (if parent(s) can not be reached) Name: _____ Address: _____ Phone #: _____ Relationship: _____ <hr/> Name: _____ Address: _____ Phone #: _____ Relationship: _____ <hr/> Name: _____ Address: _____ Phone #: _____ Relationship: _____
(Provider's name) _____, my child care provider, has my permission to transport my child, if necessary, when my child is in care. <hr/> Physician's Name: _____ Address: _____ Phone #: (____) _____	Additional Emergency/Release names: Name: _____ Address: _____ Phone #: (____) _____ Relationship: _____ <hr/> 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)