

DAYCARE ENROLLMENT FORM

CHILD INFORMATION

Name of child: _____ Nickname/Preferred Name: _____

Birthdate: _____ Age: _____ Gender (select one): _____

Grade in School (If Applicable): _____ Name of Parent(s)/Guardian(s): _____

Child's Home Address: _____

Primary Telephone #: _____ Child's Social Security #: _____

Special Needs/Considerations of Child:

(Medical conditions, developmental considerations, behavioral considerations, medications, unique home circumstances, etc.)

Allergies: _____

Pediatrician's Name: _____ Pediatrician's Telephone #: _____

Media Permissions: Do you grant permission for _____ to photograph or film your child for security purposes using provider-owned and operated cameras only?

PARENT/GUARDIAN #1 INFORMATION

Parent/Guardian Name: _____ Relationship to Child: _____

Driver's License #: _____ Occupation: _____

Cell Phone #: _____ Work Phone #: _____ Ext: _____

Home Address (If Different from Child):

PARENT/GUARDIAN #1 INFORMATION

Parent/Guardian Name: _____ Relationship to Child: _____

Driver's License #: _____ Occupation: _____

Cell Phone #: _____ Work Phone #: _____ Ext: _____

Home Address (If Different from Child):

EMERGENCY CONTACTS/OTHER

Name of Persons (Other Than Parent/Guardian) Allowed to Pick Up Child: _____

Relationship to child: _____

Occupation: _____ Driver's License #: _____

Relationship to child: _____

Cell Phone #: _____ Work Phone #: _____ Ext: _____

Home Address (If Different from Child):

Emergency Contact Person Name: _____

Relationship to child: _____

Occupation: _____ Driver's License #: _____

Cell Phone #: _____ Work Phone #: _____ Ext: _____

Home Address (If Different from Child):

DESIRED SCHEDULE

Desired Days of Care: (Select all that apply) __Monday __Tuesday __Wednesday __Thursday __Friday

Desired Hours of Care: (Select all that apply) __a.m. to __p.m.

Date You Would Like Services to Begin: _____

Date You Would Like Services to End: _____

Our team will do our best to accommodate your desired start time for services. Please be aware that enrollment depends on availability and is subject to the rules of _____.

Please enclose your registration fee and return it to our office at:

Provider Fax #:

Provider Phone #:

Provider Email Address:

Registration fees are accepted in the form of cash, check or credit card. Delay in registration payment or bounced checks will result in a delay of enrollment processing and may result in denial of acceptance.

Parent/Guardian #1 Signature: _____ **Date:** _____

Parent/Guardian #2 Signature: _____ **Date:** _____

Thank you for choosing us for your child's care! We look forward to getting to know you and your child better.

For Administrative Use Only:

Date Enrollment Form Received: _____ Date Entered Into System: _____

Check Number: _____ Amount: _____