

# 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: \_\_\_\_\_