

Application For Enrollment

Student Information: Date of Birth: _____ Sex: _____

Full Name: _____
Last First Middle nickname

Child's Physical Address: _____

Primary Hours of Care: From: _____ To _____

Days of the Week in Care: M T W TH F

Family Information: **Child Live With:** _____

Mother's Name: _____ Father's Name : _____

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Cell phone: _____ Cell Phone: _____

Employer: _____ Employer: _____

Work Phone: _____ Work Phone: _____

E-mail: _____ E-mail: _____

Custody: Mother _____ Father: _____ Both _____ Other: _____

Medical Information:

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor: _____ Phone : _____

Doctor: _____ Phone: _____

Hospital Preference: _____

Please List allergies, special medical or dietary needs or other areas of concern:

Contacts : The following persons will also be contacted and are authorized to remove the child from the center in case of illness, accident or emergency, if for some reason , the custodial parent or legal guardian cannot be reached

Name: _____ Phone : _____ Relation to the child: _____

Name: _____ Phone: _____ Relation to the child: _____

Name: _____ Phone: _____ Relation to the child: _____

Name: _____ Phone: _____ Relation to the child: _____

Parent / Legal guardian Signature : _____ Date: _____

