



Application for Enrollment

General Information

Child's name: _____ Date of Birth: _____
Mother/Guardian: _____ Home Phone: _____
Address: _____
Employer: _____ Work Hours: _____
Employer Address: _____ Work Phone: _____
Father/Guardian: _____ Home Phone: _____
Address: _____
Employer: _____ Work Hours: _____
Employer Address: _____ Work Phone: _____
Email Address: _____

Parents Marital Status: ___ Married ___ Single ___ Divorced ___ Separated

Please list names and birth dates of siblings:

Medical Information

Pediatrician's Name: _____ Phone: _____
Address: _____

My child has the following allergies and/or special needs:

Childcare Information

First day of enrollment ___/___/___ Days Attending: M T W TH F
Arrival Time: ___:___ Departure Time: ___:___
Weekly Rate: _____ Deposit Amount: _____ Registration fee: \$50.00

Parent/Guardian

Date

Parent/Guardian

Date