

CHILD CARE APPLICATION FOR ENROLLMENT

Student Information:

Date of Birth: _____ Sex: _____ Date of Enrollment: _____

Full Name: _____
Last First Middle

Child's Address: _____
Street City State Zip

Primary Hours of Care: *From _____ To _____

*This is just general information and does not mean that your child is allowed to attend only during these times.

Days of Attendance: Mon _____ Tues _____ Wed _____ Thur _____ Fri _____

Family Information:

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

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Employer: _____ Employer: _____

Address: _____ Address: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

Child Lives With: _____

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: _____ Address: _____ Phone: _____

Dentist: _____ Address: _____ Phone: _____

Hospital Preference _____

Please list allergies, special medical or dietary needs, or other areas of concern, (if none, please mark N/A or None Known): _____

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