

Enrollment Application

Child's Full Name: _____

Date of Birth: _____

Gender: _____

Home Address: _____

City, State, ZIP: _____

Parent/Guardian 1 Name: _____

Relationship to Child: _____

Phone Number: _____

Email Address: _____

Employer: _____

Work Phone: _____

Parent/Guardian 2 Name: _____

Relationship to Child: _____

Phone Number: _____

Email Address: _____

Employer: _____

Work Phone: _____

Emergency Contact Name: _____

Relationship to Child: _____

Phone Number: _____

Does your child have any allergies? _____

Does your child take any medications? _____

Does your child have any special needs or medical concerns? _____

Authorized individuals (other than parents) to pick up your child:

1. Name: _____ Relationship: _____ Phone: _____

2. Name: _____ Relationship: _____ Phone: _____

Desired Start Date: _____

Days of Care Needed: _____

Hours of Care Needed: _____

Parent/Guardian Signature: _____ Date: _____