Enrollment Form

Child's Full Name _____Nickname_____
Birth Date:_____Date of Enrollment_____
Address:_____
City_____State_____Zip Code_____
Home Phone_____

Mother's Full Name_____
Mother's Employer_____
Work Phone:_____ ext.____ Pager or Cell #_____

Father's Full Name:_____
Father's Employer_____
Work Phone:_____ ext.____ Pager or Cell #_____

Emergency Contact's and Persons authorized to pickup child.

Primary Emergency Contact(other than parents/guardian):
Name_____
Home Phone:_____Work Phone:_____
Relationship to Child:_____

Secondary Emergency Contact(other than parents/guardian):-
Name_____
Home Phone:_____Work Phone_____
Relationship to Child_____

Person(s) authorized to pick up my child(Besides parents/guardians or emergency contacts:
#1_____
#2_____
#3_____
(With prior notice from parent/guardian and proper ID only)

Daycare References:
Has your child ever been in daycare before?_____
If so, why did you leave?_____