

**DAYCARE (\$23.00 per day)**  
**ENROLLMENT FORM**

**CHILD (1)** \_\_\_\_\_ **Birthday:** \_\_\_\_\_  
**First Middle Last**  
**Age:** \_\_\_\_\_

**CHILD (2)** \_\_\_\_\_ **Birthday:** \_\_\_\_\_  
**First Middle Last**  
**Age:** \_\_\_\_\_

**CHILD (3)** \_\_\_\_\_ **Birthday:** \_\_\_\_\_  
**First Middle Last**  
**Age:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
**Street City State Zip**

**Child lives with:** \_\_\_\_\_ **Mom** \_\_\_\_\_ **Dad** \_\_\_\_\_ **Both Parents** \_\_\_\_\_ **Other:** \_\_\_\_\_

**Mother's Information:**

**Name:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Work Phone** (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ **Ext.** \_\_\_\_\_ **Cell Phone** (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**Home Phone** (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Father's Information:**

**Name:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Work Phone** (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ **Ext.** \_\_\_\_\_ **Cell Phone** (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**Home Phone** (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Emergency Contact Person:**(1) \_\_\_\_\_ **Phone** (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

(2) \_\_\_\_\_ **Phone** (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**The following people are allowed to pick up my child:** \_\_\_\_\_

**The following people ARE NOT ALLOWED to pick up my child:** \_\_\_\_\_

**List any MEDICAL PROBLEM your child may have:** \_\_\_\_\_

