



Application for Enrollment

		Date Care Needed	
Child's Name	Date of Birth	Social Security	Tel. Number
Address	City	State	Zip

Mother's Name		Social Security	Tel. Number
Address	City	State	Zip
Employer			Tel. Number
Address	City	State	Zip

Father's Name		Social Security	Tel. Number
Address	City	State	Zip
Employer			Tel. Number
Address	City	State	Zip

Parent or Guardians Email:

Child's Physician	Tel. Number
Health Insurance Coverage	Policy Number

SPECIAL NEEDS OF CHILD

(List any disabilities, hearing and vision impairments, dietary restrictions or any other special requirements your child will require.)

Allergies	

PERSONS DESIGNATED BY PARENT/GUARDIAN TO PICK UP THE CHILD

Name	Relationship
Name	Relationship
Name	Relationship

Signature of Parent or Guardian

Date

Signature of Director

Date