

Childcare Enrollment Form

Your Child

Child's name: _____

Date of birth: _____

Projected start date: _____

Days of attendance: _____

Address: _____

City: _____ State: _____ Zip: _____

Please share anything you would like us to know about your child to help us in providing care (sleeping, eating, toileting, comforting, etc.).

Dietary and medical needs:

Doctor's name: _____

Address: _____

Telephone #: _____

Dentist's name: _____

Address: _____

Telephone #: _____

Parent(s) or Guardian(s)

Name: _____

Home #: _____

Work: _____ Cell: _____

Address: _____

Email: _____

Place of work: _____

Occupation: _____

Name: _____

Home #: _____

Work: _____ Cell: _____

Address: _____

Email: _____

Place of work: _____

Occupation: _____

Emergency contacts who are authorized to pick up your child (minimum of two). Photo identification is required.

Name: _____ Telephone #: _____

Name: _____ Telephone #: _____

Name: _____ Telephone #: _____

The Health Care Summary Form and Immunization Record must be completed and signed by your child's doctor prior to start date. Immunizations must be kept up to date.

Parent or Guardian Signature

Date