

Enrollment Application

Child's Name: _____ DOB: _____ Date of Admission: _____

Home Address: _____ City: _____ Zip: _____

Mother's Name: _____ Social Security #: _____ Driver's License #: _____

Home Address: _____

City: _____ Zip Code: _____ Home Phone: _____ Cell Phone: _____

Employment : _____ Work Address: _____ City: _____

State: _____ Zip: _____ Work Phone: _____ Work Hours: _____

Email Address: _____

Father's Name: _____ Social Security #: _____ Driver's License #: _____

Home Address: _____

City: _____ Zip Code: _____ Home Phone: _____ Cell Phone: _____

Employment : _____ Work Address: _____ City: _____

State: _____ Zip: _____ Work Phone: _____ Work Hours: _____

Email Address: _____

Physician Contact Information:

Name: _____ Phone Number: _____

Address: _____ State: _____ Zip: _____

Transportation Plan: Please list any other adults to whom your child may be released or are authorized to provide transportation for your child:

Name: _____ Relationship: _____ Phone Number: _____

Address: _____

Name: _____ Relationship: _____ Phone Number: _____

Address: _____

Initial the following statements:

____ I received a summary of the licensing requirements.

____ I visited the facility prior to enrolling my child.

Pre-enrollment Visit Date: _____

____ I received a copy of the procedures & policies, parental agreement, and payment contract, and I have signed their copy, verifying by receipt my understanding and agreement of their content.

____ I do hereby authorize emergency medical care for my child (a limited power of attorney may be required for military dependents.)

Signature of Parent(s)/Guardian(s)

Date