

Little Angels Daycare & Preschool
80 E. Parkview, Brookville, Ohio 45309
(937) 833-3365

Application for Enrollment

Date of Admission: _____ Current Age: _____

Parents: Please be accurate while completing this enrollment packet. All areas must be fully completed. If an area does not apply to you, please write n/a.

Child Information:

Name: _____ Date of Birth: _____

Home Address: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____

Parent/Guardian Information:

Mother/Guardian Name: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Phone Number: _____

Employer's Address: _____

Father/Guardian Name: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Phone Number: _____

Employer's Address: _____