



FOR OFFICE USE ONLY

Date of Enrollment: _____
Start Date: _____
Amount Paid: _____
Class Level: Toddlers/ 2s/ 3s/ 4s
Days Attending: _____ Teacher: _____
Immunization Records: _____

Enrollment Form

Mother's Day Out: 2 day Tues/Thurs \$170

Early Essentials (3's & 4's only): 1 day Wed \$90

Name of Child: _____ Male / Female (please circle)
Child's Birthdate (MM/DD/YY) _____ Age on Sept. _____ years _____ months
Address/City/State/Zip _____

Mother's name: _____ Mother's Occupation: _____
Email: _____
Mother's cell #: _____ work #: _____
Address if different than child _____

Father's name: _____ Father's Occupation: _____
Email: _____
Father's cell #: _____ work #: _____
Address if different than child _____

Do you attend church? Yes No (circle one) If yes, where? _____

Child's Doctor: _____
Doctor's Address: _____ Phone #: _____
Please list any allergies: _____
Please list any existing medical conditions, medications, and/or special attention your child may require?

Emergency Contacts & Authorized Pickup Persons:

Name _____
Phone Number _____
Relationship to Child _____

Name _____
Phone Number _____
Relationship to Child _____

Name _____
Phone Number _____
Relationship to Child _____

Name _____
Phone Number _____
Relationship to Child _____

Does your child have someone who CANNOT pick them up? Yes or No (please circle) If yes, please see Director.

Parents Signature: _____ **Date:** _____