

# Application for Enrollment

Date \_\_\_\_\_

## Child Information

### 1st Child

Last Name		First Name		M.I.	Nickname
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Entering grade	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to specify	Age MO / YR	Birth Date	Birth City/State City: _____ State: _____
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Existing medical conditions, medications and/or special attention your child may require

Allergies

Pediatrician's Name	Phone	Address
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Photos: May we take and maintain a photo of your child for security purposes?  
 Yes  No

Primary Hours of Care FROM _____ AM / PM TO _____ AM / PM	Days of the Week in Care <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun
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### 2nd Child

Last Name		First Name		M.I.	Nickname
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Entering grade	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to specify	Age MO / YR	Birth Date	Birth City/State City: _____ State: _____
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Existing medical conditions, medications and/or special attention your child may require

Allergies

Pediatrician's Name	Phone	Address
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Photos: May we take and maintain a photo of your child for security purposes?  
 Yes  No

Primary Hours of Care FROM _____ AM / PM TO _____ AM / PM	Days of the Week in Care <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun
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How did you hear about us? \_\_\_\_\_

Additional Comments & Information: \_\_\_\_\_

**Primary Guardian Information***Name(s) of person(s) with whom child is living*

1st Primary Guardian					
Last Name		First Name		M.I.	Relationship to Child
Email Address		Work Phone		Cell Phone	
Occupation	Employer		Work Address		Work Hours
2nd Primary Guardian					
Last Name		First Name		M.I.	Relationship to Child
Email Address		Work Phone		Cell Phone	
Occupation	Employer		Work Address		Work Hours
Which Guardian Should be Called First?		Home Phone		Preferred language for written communication:	
Home Resident Street Address			Apt #	City	Zip Code
Mailing Address (if different than above)			Apt #	City	Zip Code

**Second Guardian Information***Non-primary custodial parent*

1st Non-primary Guardian					
Last Name		First Name		M.I.	Relationship to Child
Email Address		Work Phone		Cell Phone	
2nd Non-primary Guardian					
Last Name		First Name		M.I.	Relationship to Child
Email Address		Work Phone		Cell Phone	
Which Guardian Should be Called First?		Home Phone		Should mailings be sent to this household also? [ ] Yes [ ] No	
Second Household Mailing Address		Apt #	City	State	Zip Code

Additional Comments &amp; Information: \_\_\_\_\_

\_\_\_\_\_

## Emergency Contacts and Authorized Pickups

1st Contact/Pickup			
Last Name	First Name	Relationship to Child	
Home Phone	Cell Phone	<input type="checkbox"/> Able to pick up all children in the family <input type="checkbox"/> Not able to pick up the following children: _____	
2nd Contact/Pickup			
Last Name	First Name	Relationship to Child	
Home Phone	Cell Phone	<input type="checkbox"/> Able to pick up all children in the family <input type="checkbox"/> Not able to pick up the following children: _____	
3rd Contact/Pickup			
Last Name	First Name	Relationship to Child	
Home Phone	Cell Phone	<input type="checkbox"/> Able to pick up all children in the family <input type="checkbox"/> Not able to pick up the following children: _____	

FILLED BY CENTER

### Required Forms

- |          |          |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |

### Tuition Information

Your tuition will be:	WEEK / MONTH	Required Deposit

## Signature

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

