Application for Enrollment



| 800-338-3884 | procaresoftware.com |
|--------------|---------------------|
| | |

| Date | | | |
|------|--|--|--|

Child Information

| 1st Child | | | | | | | | | | |
|--|---------------------------------|---|----------------|---------|-----------|------------------|----------|---------|----------|--|
| Last Name | | First Name | | | M.I. | Nickname | | | | |
| | | | | | | | | | | |
| Entering grade | [] Male [] Female | Age | | Birth | n Date | Birth City/State | 9 | | | |
| | [] Prefer not to specify | | MO / YR | | | City: | | | State: | |
| Existing medical conditions, medications and/or special attentio | | ion your child may require | | | | | | | | |
| | | | | | | | | | | |
| Allergies | | | | | | | | | | |
| | | | | | | | | | | |
| Pediatrician's Name | | Phone | | | Address | | | | | |
| | | | | | | | | | | |
| Photos: May we take and main | ntain a photo of your child for | security purpo | ses? | | | | | | | |
| [] Yes | | | | | | | | | | |
| | | | | | | | | | | |
| Primary Hours of Care | | | Days of the We | ek in | Care | | | | | |
| | 4 TO AM | / DM | |] Tues | | []Thurs | [] Fri | [] Sat | []Sun | |
| FROM AM / PN | M TO AM / | PIVI | | | | | | | | |
| 2nd Child | | First Name | | | | NA I | Nichara | | | |
| Last Name | | First Name | | | | M.I. | Nickname | | | |
| Entoring grado | l | Ago | | Dirth | n Date | Birth City/State | | | | |
| Entering grade | [] Male [] Female | Age | | ווטוונו | i Date | | = | | | |
| Existing medical conditions, m | Prefer not to specify | tion your child | MO / YR | | | City: | | | State: | |
| Existing medical conditions, in | edications and/or special atter | ition your crim | a may require | | | | | | | |
| Allergies | | | | | | | | | | |
| Allergies | | | | | | | | | | |
| Pediatrician's Name | | Phone | | | Address | | | | | |
| r calatricians wante | | THOTIC | | | 71441 633 | | | | | |
| Photos: May we take and main | ntain a photo of your child for | security purpo | ises? | | | | | | | |
| [] Yes [] No | ntam a prioto oi your aima ioi | seeding paipe | | | | | | | | |
| | | | | | | | | | | |
| | | | - 61 H | | | | | | | |
| Primary Hours of Care | | Days of the Week in Care [] Mon [] Tues [] Wed | | | []Thurs | [] Fri | [] Sat | []Sun | | |
| FROM AM / PN | M TO AM | / PM | [] IVIOII [|] Tues | | [] IIIui s | [] [] | [] Sat | [] 3011 | |
| | | | | | | | | | | |
| 11 P. I I | | | | | | | | | | |
| How did you hear abou | it us? | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Additional Comments 8 | Information: | | | | | | | | | |
| | | | | | | | | | | |











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

| Last Name | | | | | | | | | |
|---|----------------|-------------|------------------------------------|--------------|------|------|---|--|--|
| Last Name F | | | First Name | | | 1.1. | Relationship to Child | | |
| Email Address | | | Work Phone | | | | Cell Phone | | |
| Occupation | Employer | | Work Address | | | | Work Hours | | |
| 2nd Primary Guardian | | | | | | | | | |
| Last Name Fir | | First Na | rst Name | | | Л.І. | Relationship to Child | | |
| Email Address | | | Work Phone | | | | Cell Phone | | |
| Occupation | Employer | | Wor | /ork Address | | | | Work Hours | |
| Which Guardian Should be Called First? | | | Home Phone | | | | Preferred language for written communication: | | |
| Home Resident Street Addres | SS | | / | Apt# | City | City | | Zip Code | |
| Mailing Address (if different t | han above) | | / | Apt# | City | | Zip Code | | |
| Second Guard | ian Informatio | on | | | | | | | |
| Second Guard Non-primary custodia | | on | | | | | | | |
| | | ON First Na | ame | | N | 1.1. | Relationship t | to Child | |
| Non-primary custodia | | First Na | | | M | 1.1. | | to Child | |
| Non-primary custodia | | First Na | nme Work Phone | | N | 1.1. | Relationship t | to Child | |
| Non-primary custodia 1st Non-primary Guardian Last Name | | First Na | | | M | 1.1. | | to Child | |
| Non-primary custodia 1st Non-primary Guardian Last Name Email Address | | First Na | Work Phone | | | 1.1. | | | |
| Non-primary custodia 1st Non-primary Guardian Last Name Email Address 2nd Non-primary Guardian | | First Na | Work Phone | | | | Cell Phone | | |
| Non-primary custodia 1st Non-primary Guardian Last Name Email Address 2nd Non-primary Guardian Last Name | Il parent | First Na | Work Phone | | | | Relationship t | | |
| Non-primary custodia 1st Non-primary Guardian Last Name Email Address 2nd Non-primary Guardian Last Name Email Address | alled First? | First Na | Work Phone mme Work Phone | City | | | Relationship t | to Child ngs be sent to this household also? | |
| 1st Non-primary Guardian Last Name Email Address 2nd Non-primary Guardian Last Name Email Address Which Guardian Should be Care | alled First? | First Na | Work Phone Work Phone Home Phone | City | | | Relationship t Cell Phone Should mailir | to Child ngs be sent to this household also? [] Yes [] No | |











Emergency Contacts and Authorized Pickups

| st Contact/Pickup | | | | | | | |
|--------------------|-----------------------|---|--|-----------------------|--|--|--|
| st Name | | First Name | | Relationship to Child | | | |
| ome Phone | Cell Phone | | [] Able to pick up all children in the family [] Not able to pick up the following children: | | | | |
| nd Contact/Pickup | ' | | | | | | |
| st Name | | First Name | | Relationship to Child | | | |
| ome Phone | Cell Phone | [] Able to pick up all children in the f | | | | | |
| Brd Contact/Pickup | I | | | | | | |
| st Name | | First Name | | Relationship to Child | | | |
| ome Phone | Cell Phone | | [] Able to pick up all children in the family [] Not able to pick up the following children: | | | | |
| | | | 7 | | | | |
| | | | | | | | |
| Tuition Info | rmation | | | | | | |
| Tuition Info | rmation WEEK / MONTH | Required Deposit | | | | | |
| | | Required Deposit | | | | | |
| | | Required Deposit | | | | | |
| | | Required Deposit | | | | | |
| | | Required Deposit | | | | | |
| | | Required Deposit | | | | | |



Date









Parent / Guardian Signature