

## **Standard Enrollment Form and Application for Childcare**

Parent Signature:

## **Parent/Guardian Information**

(Please Circle ) Mr. Mrs. Ms. First Name:		Last Name:
Address:		
City:	State:	Zip:
Contact Numbers: Cell/Home:	\	Work:
Which would you like us to call first should the need arise?		
License Plate State/Number:		SSN:
Employer Name:		Title:
Work Address:		
City:		
Email Address:		
Parent/Guardian Information		
(Please Circle ) Mr. Mrs. Ms. First Name:		Last Name:
Address:		
City:		
Contact Numbers: Cell/Home:		
Which would you like us to call first should the need arise?		
License Plate State/Number:	SSN:	
Employer Name:		
Work Address:		
City:		
Email Address:		
Child Information		
First Name: Middle	o Initial:	Last Namo
Gender: M or F DOB:		
Any restrictions, special needs, allergies or medical needs for y		
If yes please provide details:		
Any legal custodial restrictions: Yes* No *If YE	S, please attach cou	ourt documents
Start Date: Anticipated d	Irop off/pick up time	nes:
<ul> <li>Enrollment Requirements</li> <li>❖ Children must be at least six weeks of age.</li> <li>❖ A current medical record that includes a complete ph</li> <li>❖ All registration materials in the parent packet must be</li> <li>❖ A registration fee and a two (2) week security depose received to complete enrollment and ensure a slot for and your family decides not to enroll, your security de</li> <li>❖ Parent handbook must be read and signed by parent</li> <li>By signing this document, I acknowledge all terms and condition</li> </ul>	e completed prior to sit, equivalent to two ryour child/childrent posit and/or registration.	to the start date. wo (2) full weeks of your child(ren's) tuition, must en. *Note – If your child has not yet attended the cent