



STANDARD ENROLLMENT FORM AND APPLICATION FOR CHILD CARE

First Parent/Guardian Information

Mr Miss Mrs Ms Dr

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Numbers: Home: _____ Work: _____ Cell: _____

Drivers License State/No.: _____ Social Security No.: _____

Employer Name: _____ Job Title: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Second Parent/Guardian Information

Mr Miss Mrs Ms Dr

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Numbers: Home: _____ Work: _____ Cell: _____

Drivers License State/No.: _____ Social Security No.: _____

Employer Name: _____ Job Title: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Child Information

Last Name: _____ First Name: _____ Initial: _____

Gender: M or F Date of Birth: ___/___/___ Nickname: _____

Any restrictions, special needs, allergies or medical needs for your child? YES or NO

If yes, please provide details: _____

Any legal custodial restrictions? YES NO If yes, please attach court documents.

Schedule: Days: M T W Th F Hours (maximum of 9.5 hours): ___am to ___pm

Start Date: _____

Parent Signature: _____

Date: _____