



CHILD CARE ~ LEARNING CENTER
AND
AFTER SCHOOL PROGRAM

STANDARD ENROLLMENT FORM AND APPLICATION FOR CHILDCARE

Parent/Guardian Information

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Numbers: Home: _____ Work: _____

Cell: _____ Provider: _____ **

Which would you like us to call first should the need arise? _____

License Plate State/Number: _____ SSN: _____

Employer Name: _____ Title: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Parent/Guardian Information

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Numbers: Home: _____ Work: _____

Cell: _____ Provider: _____ **

Which would you like us to call first should the need arise? _____

License Plate State/Number: _____ SSN: _____

Employer Name: _____ Title: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

****Text Messaging** – in the event of unforeseen circumstances (inclement weather, power outages, etc.) you can opt to be notified via text message of closings, delays or changes to the normal schedule. ***If you wish to opt in, please list your cellular provider.*** By listing your cellular provider, you agree to receive only text messages about your specific center, from the Director, Managing Director or General Manager. **Msg & Data rates may apply.**

*****If you wish to not receive text messages, please leave the provider blank. If you have further questions, speak to the Director.**

Child Information

First Name: _____ Middle Initial: _____ Last Name: _____

Gender: M or F DOB: _____ 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*

Start Date: _____ Anticipated drop off/pick up times: _____

Parent Signature: _____ Date: _____