

# CHILD ENROLLMENT FORM

**Date of Application:** \_\_\_\_\_ **Date of Enrollment:** \_\_\_\_\_ **Last Day of Enrollment:** \_\_\_\_\_  
 Child's Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_  
 Child's Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Mother's Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ e-mail address: \_\_\_\_\_  
 Home Telephone #: (\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_  
 Mother's Employer: \_\_\_\_\_ Work #: (\_\_\_\_) \_\_\_\_\_  
 Mother's Employer Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Father's Name: \_\_\_\_\_ Address: (if different) \_\_\_\_\_  
 City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ e-mail address: \_\_\_\_\_  
 Home Telephone #: (if different)(\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_  
 Father's Employer: \_\_\_\_\_ Work #: (\_\_\_\_) \_\_\_\_\_  
 Father's Employer Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

<p><b>Weekly Care Schedule: (please include the child's hours in care for each day)</b></p> <p>Sunday: _____</p> <p>Monday: _____</p> <p>Tuesday: _____</p> <p>Wednesday: _____</p> <p>Thursday: _____</p> <p>Friday: _____</p> <p>Saturday: _____</p>	<p><b>Persons to <u>Call in an Emergency or Release Child to</u> (if parent(s) can not be reached)</b></p> <p>Name: _____</p> <p>Address: _____</p> <p>Phone #: _____ Relationship: _____</p> <p style="text-align: center;">◆</p> <p>Name: _____</p> <p>Address: _____</p> <p>Phone #: _____ Relationship: _____</p> <p style="text-align: center;">◆</p> <p>Name: _____</p> <p>Address: _____</p> <p>Phone #: _____ Relationship: _____</p>
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<p><b>(Provider's name)</b> _____, my child care provider, has my permission to transport my child, if necessary, when my child is in care.</p> <p style="text-align: center;">◆</p> <p>Physician's Name: _____</p> <p>Address: _____</p> <p>Phone #: (____) _____</p>	<p><b>Additional Emergency/Release names:</b></p> <p>Name: _____</p> <p>Address: _____</p> <p>Phone #: (____) _____ Relationship: _____</p> <p style="text-align: center;">◆</p> <p>Name: _____</p> <p>Address: _____</p> <p>Phone #: (____) _____ Relationship: _____</p>
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The provisions outlined on this form have been worked out in consultation with me and have my approval.

Signature of Parent or Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Is your child related to the person providing his/her child care?**  Yes  No **If Yes, what is the relationship?** (Relationship= grandchild, niece, nephew, sibling, son or daughter by blood, adoption or marriage)

**(This form must be kept on file for one year after the child is no longer enrolled in the child care home.)**