

EDUCATIONAL CHILDCARE

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:	Addres	ss:
City:Zip	Code:e-mail addre	ess:
Father's Name:	Address	::(if needed)
City:Zip	Code:e-mail addr	ress:
Home Telephone:#()(Cell#:()
Mother's Employer:		_Work#:()
Father's Employer:		_Work#:()
Emergency Contact: Person	n to call in an Emergency or R	elease Child to (if parent(s)canno
Name:		
Address:	City	Zip Code:
Phone#:()	Relationship	p:
Weekly Care Schedule: Mo	onday:Tuesday:Wednes	sday:Thursday:Friday:
What is your child's favorit	te thing? (e.g. toys, books)	
Is your child allergic to any	thing?Y/N If yes, please	describe:
Anything that you would li	ike us to know more about you	ır child?
Signature of Parent or Guad	dian:	Date:
Signature of Parent or Gua	dian:	Date: