



# Enrollment Application

For office use only

Program enrolled for: \_\_\_\_\_ Starting day/year: \_\_\_\_\_

Special Comments: \_\_\_\_\_

Child's full name \_\_\_\_\_

Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Home address \_\_\_\_\_

Phone \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_

Parent  Legal Guardian (check one)

Name \_\_\_\_\_

Address \_\_\_\_\_

Employed by \_\_\_\_\_

Occupation \_\_\_\_\_

Employer address \_\_\_\_\_ Work phone \_\_\_\_\_

Email address \_\_\_\_\_

Parent  Legal Guardian (check one)

Name \_\_\_\_\_

Address \_\_\_\_\_

Employed by \_\_\_\_\_

Occupation \_\_\_\_\_

Employer address \_\_\_\_\_ Work phone \_\_\_\_\_

Email address \_\_\_\_\_

**Marital Status: (check one)**  Married  Living Together  Separated  Divorced  Other

## Brothers and Sisters:

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

**Part-Time or Full-Time Care (check one)**  Part-Time  Full-Time

**Days of the Week: (check one)**  Monday  Tuesday  Wednesday  Thursday  Friday

Please specify the times per day and further details about schedule: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List names of persons authorized to take child from Nina's Early Learning and Child Care Center. Child **WILL NOT** be allowed to leave with any other person without **WRITTEN** authorization.

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Name	Address	Phone	Relationship
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Name	Address	Phone	Relationship
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Name	Address	Phone	Relationship
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Name	Address	Phone	Relationship
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Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Director Signature: \_\_\_\_\_

Date: \_\_\_\_\_