

Little Blue Playhouse Enrollment Form



Childcare

Little Blue Playhouse Childcare

Child's Name: _____

Address: _____

Age: _____ Date of birth: _____

Parent's Name: _____

Cell phone number: _____

Address: _____

Workplace: _____

Work phone number: _____

Parent's Name: _____

Cell phone number: _____

Address: _____

Workplace: _____

Work phone number: _____

Child's Doctor: _____

Address: _____

Phone number: _____

Child's Dentist: _____

Address: _____

Phone number: _____

Emergency Contact: Please list at least 2 people to contact if parent is not available

Name, relationship, and cell phone number:

Name, relationship, and cell phone number:

**** It is important that you update us immediately if contact information changes.**

List of people (other than parents) who are authorized for pick-up:

Special instructions:

Date child entered care: _____

Date child left care: _____ Parent Signature _____ Date _____

Little Blue Playhouse owner: Kim Lawburg phone: 317-412-4882 email: Lawburg.kim@gmail.com