

Destiny Learning Center

Child Care Application for Enrollment

Date of Birth: _____ Sex: M F Date of Enrollment: _____

Full Name: _____
(Last) (First) (Middle) (Nickname)

Child's Physical Address: _____

Primary Hours of Care: From _____ to _____

Day of the Week: M T W Th F

Family Information:

Child Lives With: _____

Mother's Name: _____ Father's Name _____

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Employer: _____ Employer: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

Email: _____ Email: _____

*Preferred PIN #'s for checking in/out (4 digit # only)

1st PIN _ _ _ _ 2nd PIN _ _ _ _

*Preferred PIN #'s for checking in/out (4 digit # only)

1st PIN _ _ _ _ 2nd PIN _ _ _ _

Custody: Mother _____ Father _____ Both _____ Other _____

Medical Information:

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor: _____ Address: _____

Phone: _____

Doctor: _____ Address: _____

Phone: _____ Dentist: _____

Address: _____

Phone: _____

Hospital Preference: _____

Insurance Provider: _____ Policy # _____

Please list allergies, special medical or dietary needs, or other areas of concern:

Helpful Information about your Child:

Contacts

Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached:

Name/relationship to child	Work #	Home / Cell #
<hr/>		
Preferred PIN#'s for checking in/out (4 digit # only) 1 st PIN ____ 2 nd PIN ____		
Address		

Name/relationship to child	Work #	Home / Cell #
<hr/>		
Preferred PIN#'s for checking in/out (4 digit # only) 1 st PIN ____ 2 nd PIN ____		
Address		

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Preferred PIN#'s for checking in/out (4 digit # only) 1 st PIN ____ 2 nd PIN ____		
Address		

Tuition/Payment Information:

Current tuition Amount: _____ [] Weekly [] Bi-Weekly [] Monthly [] Other _____

Please outline below whom is responsible for payment of tuition and fees. Please fill out if parents are divorced and will be splitting tuition. Or if the payment is the responsibility of an adult other than the parents listed on page one.

Additional Comments & Information:

Is there any other information that would be helpful to our teacher staff and Director?

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate.

Signature of Parent / Guardian

Date