# CHILD ENROLLMENT FORM

**Date of Application:** _____     **Date of Enrollment:** _____     **Last Day of Enrollment:** _____

**Attention Provider**: This information must be kept current at all times and shall be kept file for one year after the child ceases to be enrolled in the family child care home.

Child's Name: _____ Child's Date of Birth: _____
Child's Address: _____ City: _____ Zip Code _____

Parent/Gaurdian Name: _____Address: _____
City: _____     Zip Code: _____
Home Telephone #: (_____) _____     Cell #: (_____) _____
Emergency Contact # (____) _____e-mail Address: _____

Employer: _____ Work #: (_____) _____
Employer's Address: _____ City: _____ Zip Code _____

Parent/Gaurdian Name: _____Address: _____
City: _____     Zip Code: _____
Home Telephone #: (_____) _____ Cell #: (_____) _____
Emergency Contact # (____) _____ e-mail Address: _____

Employer: _____ Work #: (_____) _____
Employer's Address: _____ City: _____ Zip Code _____

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**My Child's Weekly Child Care Schedule:**

**Day(s)**                          **Hours**
Monday _____                 _____
Tuesday _____                _____
Wednesday _____                 _____
Thursday _____               _____
Friday _____                 _____
Saturday _____                _____
Sunday _____                 _____

**Signature of Parent or Guardian**: _____ **Date**: _____