

Enrollment Application

Provider Information

Provider: _____

Address: _____

Phone: _____ License No: _____

Parent/Guardian Information

Parent 1 Name: _____

Address: _____

Occupation: _____ Employer: _____

Work Phone: _____ Email: _____

Parent 2 Name (if applicable): _____

Address (if different): _____

Occupation: _____ Employer: _____

Work Phone: _____ Email: _____

Child Information

Child Name _____ Date of Birth _____

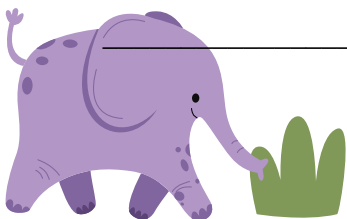
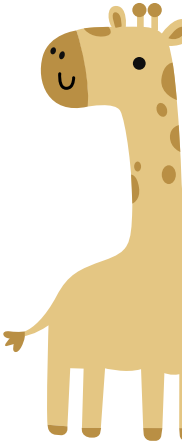
Child Name _____ Date of Birth _____

Child Name _____ Date of Birth _____

Does your child(ren) require any accommodations, medications, or special care instructions?

How Did You Hear About Us? _____

Desired Start Date: _____



Attendance Schedule

Your child(ren) will arrive and depart according to the schedule below. Please check all days that apply and indicate drop-off and pick-up times.

- ☐ Monday: _____ a.m. to _____ p.m.
- ☐ Tuesday: _____ a.m. to _____ p.m.
- ☐ Wednesday: _____ a.m. to _____ p.m.
- ☐ Thursday: _____ a.m. to _____ p.m.
- ☐ Friday: _____ a.m. to _____ p.m.

General Information

Primary Language Spoken at Home: _____

Previous Childcare Experience: _____

Parent Handbook

Parents will receive a copy of our Parent Handbook via email. The handbook outlines our program policies, daily routines, and standards of care to help ensure consistency between home and daycare.

Acknowledgement

By signing below, I/We acknowledge that all information provided in this enrollment application is true and accurate.

Parent signature

Parent signature

Provider signature

Date

