



Enrollment Application

Payment of \$100 is required with application to hold your child's place at Sweet Pea.

Date of Application: _____ Start Date for Enrollment: _____

Child's name: _____ DOB: _____

Child's Address: _____ City: _____ Zip Code: _____

Parent's Name: _____

Address: _____

Parent's Employer: _____

Address: _____

Preferred Phone: _____ Other Phone: _____ Email: _____

Co-parent's Name: _____

Address: _____

Co-parent's Employer: _____

Address: _____ City: _____ Zip Code: _____

Work Phone: _____ Cell Phone: _____ Email: _____

Weekly Childcare Schedule: (please check off one schedule option)

Full-Time M-F Part-Time M, W, F Part-Time Tuesday & Thursday

Anticipated drop off and pickup time: _____
(ex. Drop off 8:30am- Pickup 4:30pm) We are open 7:30am- 5:30pm M-F

Child's Health Provider's Name: _____
Address: _____ City: _____ Zip Code: _____
Phone Number: _____
Allergies: _____
Special Requests for Care: _____

Is there any other information about your child's physical, emotional and or mental development that you would like us to have in order to provide your child with an exceptional childcare experience? _____

Authorized List for Pickup:

Emergency Contact and Release to: (if parents cannot be reached)

Name: _____ Address: _____
Phone: _____ Relationship to Child: _____

Name: _____ Address: _____
Phone: _____ Relationship to Child: _____

Additional names for Child pickup or release to:

(we will be checking adult ID's of anyone who comes for pickup to ensure they are on this list)

Name: _____ Address: _____
Phone: _____ Relationship to Child: _____

Name: _____ Address: _____
Phone: _____ Relationship to Child: _____

Name: _____ Address: _____
Phone: _____ Relationship to Child: _____

The provisions outlined on this form have been worked out in consultation with and have my approval.

Signature of Parent or Guardian: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____