



# Bundlez Of Joy Enrollment Form

## Section 1: Child Information

Full Name of Child: \_\_\_\_\_

Nickname (if any): \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Gender: ☐ Male ☐ Female ☐ Other

Home Address: \_\_\_\_\_

Primary Language Spoken at Home: \_\_\_\_\_

Does your child have any siblings? ☐ Yes ☐ No

If yes, names and ages: \_\_\_\_\_

## Section 2: Parent/Guardian Information

### Primary Parent/Guardian

Full Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Address (if different): \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

### Secondary Parent/Guardian

Full Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Address (if different): \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

## Section 3: Emergency Contacts

Please list two emergency contacts other than parents who are authorized to pick up your child.

### Contact 1

Name: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Authorized to Pick Up? ☐ Yes ☐ No

## Contact 2

Name: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Authorized to Pick Up? ☐ Yes ☐ No

## Section 4: Authorized Pick-Up List

List all individuals authorized to pick up your child (including parents and emergency contacts).

Name	Relationship	Phone Number
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- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## Section 5: Care Schedule

Please identify which days that you will be needing care along with the times for each day:

Hours:

Monday:\_\_\_\_\_

Tuesday:\_\_\_\_\_

Wednesday:\_\_\_\_\_

Thursday:\_\_\_\_\_

Friday: \_\_\_\_\_

## Section 6: Medical Information

Child's Doctor: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Allergies: ☐ None ☐ Yes → Please specify: \_\_\_\_\_

Medical Conditions or Special Needs: ☐ None ☐ Yes → Explain:  
\_\_\_\_\_

Medications Taken Regularly: ☐ No ☐ Yes → List:  
\_\_\_\_\_

Immunizations up to date? ☐ Yes ☐ No (attach copy)

Health Insurance Provider: \_\_\_\_\_

Policy Number: \_\_\_\_\_

## Section 7: Daily Routine & Preferences

Nap Schedule: \_\_\_\_\_

Meal Preferences or Restrictions: \_\_\_\_\_

Toilet Trained? ☐ Yes ☐ No

Comfort Items (e.g., blanket, toy): \_\_\_\_\_

Special instructions, habits, or needs:

## Section 8: Permissions & Agreements

Please check each box to indicate your agreement:

- ☐ I give permission for my child to receive first aid or emergency care if needed.
- ☐ I authorize emergency transportation in case of a serious injury or illness.
- ☐ I give permission for my child to be photographed for center activities, classroom use, or private updates.
- ☐ I agree to abide by the policies outlined in the parent handbook (provided separately).
- ☐ I understand that tuition is due weekly and is non-refundable.
- ☐ I understand that late pick-up fees may apply.

## Section 9: Signature & Date

Parent/Guardian Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Provider Signature (For Office Use): \_\_\_\_\_

Date Received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Any other comments or information that you would like me to know?**

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