

ENROLLMENT APPLICATION

Full Name of Child: _____
Nickname: _____
Child's Birth Date: _____
Date of Admission: _____

Parents/Legal Guardians

Mother's Name: _____
Home Address: _____
Home Phone: _____ Cell Phone: _____
Place of Employment: _____
Employer Address: _____
Work Phone: _____ Work Hours: _____
Email Address: _____

Father's Name: _____
Home Address: _____
Home Phone: _____ Cell Phone: _____
Place of Employment: _____
Employer Address: _____
Work Phone: _____ Work Hours: _____
Email Address: _____

Service/Normal Dates and Times Desired

Full Time _____ Part Time _____ Before/After Care _____ Drop in Care _____

Monday	_____	Drop off time _____	Pick up time _____
Tuesday	_____	Drop off time _____	Pick up time _____
Wednesday	_____	Drop off time _____	Pick up time _____
Thursday	_____	Drop off time _____	Pick up time _____
Friday	_____	Drop off time _____	Pick up time _____

Transportation

If child attends elementary school, preschool or another program during the day, name of school program: _____ phone: _____

If a transportation plan is needed please provide details including transportation phone number, bus #, and time and location of pick up and drop off:

Permission to Release Child **(PTQ 8.5, 9.1)**

To ensure the safety of your child, please list other adults to whom your child may be released.
Note: Photo identification may be requested.

Parent/Guardian Signature: _____ Date: _____