

## Enrollment Form for Child Care

Today's Date	Date Care to Begin
Day(s) of Week Care Needed <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday Time(s) (write in beneath the day to which it pertains)	
Child's Full Name	Nickname
Address	
Date of Birth	Place of Birth
Phone	
Child Lives with: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both Parents <input type="checkbox"/> Guardian	
Marital Status of Parent(s)/Guardian(s): <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single Parent	
Mother's Name and Address	Home Phone
	Work Phone
	Cell Phone
	E-mail
Present Occupation	
Father's Name and Address	Home Phone
	Work Phone
	Cell Phone
	E-mail
Present Occupation	
Guardian's Name and Address	Home Phone
	Work Phone
	Cell Phone
	E-mail
Present Occupation	
Siblings or other children in the household? Please provide names and ages:	
Other adults in the household? Please provide names and relation to child:	
Does the child have previous child care experience? Please provide the dates attended and the days and hours per week attended:	
Any special health conditions or particular fears or dislikes you feel we should be aware of?	

**Doctors Information**

Child's Physician \_\_\_\_\_

Physician's Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Phone \_\_\_\_\_

Insurer Name \_\_\_\_\_ Policy # \_\_\_\_\_

**Persons authorized to pick up and drop off your child:\***

Name \_\_\_\_\_

Relation to Child

Phone

Address \_\_\_\_\_

Name \_\_\_\_\_

Relation to Child

Phone

Address \_\_\_\_\_

\*Your child will not be allowed to leave the school without prior authorization from the responsible parent or guardian.

I am enclosing the \$\_ registration fee, which covers registration expenses, the required accident Insurance fee, and the purchase of equipment. Please make check payable to **Amazing Kids Learning Center**.

It is understood that a two-week notice must be given if your child is withdrawn from school.

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_