



Application for Enrollment

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

Child's First Name \_\_\_\_\_ Last Name \_\_\_\_\_ M.I. \_\_\_\_\_

Birth Date: \_\_\_/\_\_\_/\_\_\_ Sex: \_\_\_M \_\_\_F Special Needs: \_\_\_ Yes \_\_\_ No If yes, explain:

Special Needs of Child (Physical Disability, Hearing or Vision Failure, Diet Etc.): \_\_\_\_\_

Days of Services Needed: \_\_\_ Monday \_\_\_ Tuesday \_\_\_ Wednesday \_\_\_ Thursday \_\_\_ Friday

\_\_\_ ELRC \_\_\_ Private Pay Arrival Time: \_\_\_\_\_ Pick up Time: \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ Home Phone # \_\_\_\_\_

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

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

Occupation: \_\_\_\_\_ Work Hrs. \_\_\_\_\_

**Email Address:** \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ Home Phone # \_\_\_\_\_

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

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

Occupation: \_\_\_\_\_ Work Hrs. \_\_\_\_\_

**Email Address:** \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

**PERSON TO NOTIFY IN CASE OF ILLNESS OR EMERGENCY (OTHER THAN PARENT)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone \_\_\_\_\_

Can we communicate daycare or child information to you through email? \_\_\_ Yes \_\_\_ No

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**For Official Use Only**

Tuition: \_\_\_\_\_ CCIS: \_\_\_ P/P: \_\_\_ Class Enrolled: \_\_\_\_\_ Orientation Date: \_\_\_\_\_

Services Needed: \_\_\_\_\_ Complete Packet Rcvd: \_\_\_\_\_