

# CHILD ENROLLMENT FORM

**Date of Application:** \_\_\_\_\_ **Date of Enrollment:** \_\_\_\_\_ **Last Day of Enrollment:** \_\_\_\_\_

**Attention Provider:** This information must be kept current at all times and shall be kept file for one year after the child ceases to be enrolled in the family child care home.

Child's Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_  
Child's Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent/Gaurdian Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Telephone #: (\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_  
Emergency Contact # (\_\_\_\_) \_\_\_\_\_ e-mail Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Work #: (\_\_\_\_) \_\_\_\_\_  
Employer's Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent/Gaurdian Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Telephone #: (\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_  
Emergency Contact # (\_\_\_\_) \_\_\_\_\_ e-mail Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Work #: (\_\_\_\_) \_\_\_\_\_  
Employer's Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code \_\_\_\_\_

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**My Child's Weekly Child Care Schedule:**

<u>Day(s)</u>	<u>Hours</u>
Monday _____	_____
Tuesday _____	_____
Wednesday _____	_____
Thursday _____	_____
Friday _____	_____
Saturday _____	_____
Sunday _____	_____

**Signature of Parent or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_