

Child Care Enrollment Application



Date of Application: _____

Child's Full Name: _____ **Date of Birth:** _____

Street Address: _____ City: _____ Zip: _____

Name of Parent/Guardian(1): _____

Street Address: _____ City: _____ Zip: _____

Cell Phone: _____ E-Mail: _____

Occupation: _____ Employer: _____

Work Phone: _____ Alternative Phone: _____

Name of Parent/Guardian(2): _____

Street Address: _____ City: _____ Zip: _____

Cell Phone: _____ E-Mail: _____

Occupation: _____ Employer: _____

Work Phone: _____ Alternative Phone: _____

CHILD INFORMATION

Was your child born prematurely? (Circle One) YES NO

Primary Language of Child: _____ Primary Language of Parents: _____

List any existing medical conditions, medications, or dietary information: _____

Allergies: _____

Disability, special needs, or any additional information: _____

Health insurance coverage for child or medical assistance benefits, if applicable: _____

Signature of Parent or Guardian: _____