



# Daycare Center and Preschool Enrollment Form

### Student Information

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
                     Last                    First                    Middle  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: (\_\_\_\_) \_\_\_\_\_ Birth date: \_\_\_\_\_ Gender: M F  
 Language(s) spoken in the home \_\_\_\_\_

### Parent/Guardian Information

Mother's name: \_\_\_\_\_ Father's name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_  
 City, state, zip: \_\_\_\_\_ City, state, zip: \_\_\_\_\_  
 Home phone: (\_\_\_\_) \_\_\_\_\_ Home phone: (\_\_\_\_) \_\_\_\_\_  
 Cell phone/pager: (\_\_\_\_) \_\_\_\_\_ Cell phone/pager: (\_\_\_\_) \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Work phone: (\_\_\_\_) \_\_\_\_\_ work phone: \_\_\_\_\_  
 Student Lives with: (check one)  
 Mother/father     Mother only     Father only     Mother/stepfather  
 Father/stepmother     Guardian (relationship \_\_\_\_\_)  
 Access to child is legally restricted. (A copy of court order must be on file)

### Emergency Information

Please list persons other than the parents who could pick up your child. We will attempt to call parents first.

Emergency Contact 1: \_\_\_\_\_ Daytime phone: (\_\_\_\_) \_\_\_\_\_  
 Emergency Contact 2: \_\_\_\_\_ Daytime phone: (\_\_\_\_) \_\_\_\_\_

### Sibling Information

List all other siblings at home.

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Kiddie Korner?: Y N  
 Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Kiddie Korner?: Y N  
 Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Kiddie Korner?: Y N  
 Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Kiddie Korner?: Y N

Please list hours and days of care you will be needing.:

\_\_\_\_\_