



ENROLLMENT DATE: \_\_\_\_\_

## Enrollment Form

\*\* Completion of Enrollment Form does not mean that child has been registered. Registration is only complete when:

1. Fees and tuition have been paid
2. All forms have been completed and required documentation turned in
3. Room has been assigned

Child's Info		
Full Name:		
Birth Date:	Age:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male

Parent or Guardian Info		
Full Name:		
Physical Address:		
Mailing Address:		
Home#:	Cell#	Work #
Email:		
Work Schedule: <input type="checkbox"/> Do Not Work <input type="checkbox"/> Typical 9 to 5 <input type="checkbox"/> Night Shift <input type="checkbox"/> Schedule Varies		
Full Name:		
Physical Address:		
Mailing Address:		
Home#:	Cell#	Work #
Email:		
Work Schedule: <input type="checkbox"/> Do Not Work <input type="checkbox"/> Typical 9 to 5 <input type="checkbox"/> Night Shift <input type="checkbox"/> Schedule Varies		

Child Lives With:    Both Parents    Only: \_\_\_\_\_    Other: \_\_\_\_\_

➤ If the child is under court ordered restraints regarding custodial visitation, a copy of documentation must be provided.

Emergency Contact Info		
Full Name:	Relationship to Child:	
Address:		
Phone#:	Work #	Email:
Full Name:	Relationship to Child:	
Address:		
Phone#:	Work #	Email:



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Do you have a backup care provider?  Yes  No

How did you hear about Early Blessings Daycare & Learning Center? If by referral, by whom?

\_\_\_\_\_

**Service Info:**

Beginning Date Needing Care: \_\_\_\_\_

Hours:  Mon \_\_\_\_\_  Tues \_\_\_\_\_  Wed \_\_\_\_\_  Thurs \_\_\_\_\_  Fri \_\_\_\_\_

Drop-off Time: \_\_\_\_\_ Pick-up Time: \_\_\_\_\_ Schedule Varies  Yes  No

**Your Child's Health**

CHILD'S HEALTH RECORD: (A copy of your child's immunizations & general health form will be needed)

General state of health: \_\_\_\_\_

Physician Contact Info	
Doctor Name:	Phone:
Address:	
Dentist Name:	Phone:
Address:	

Are your child's immunizations up to date?  Yes  No

*(Please attach a copy of immunization record. This should include the signature of the nurse or doctor who administered medications.)*

Does your child have any known allergies?  Yes  No (If yes, please list below)

\_\_\_\_\_

Does your child have any medical conditions which I should be made aware of?  Yes  No

\_\_\_\_\_

Does your child have any speech, hearing or visual problems?  Yes  No

\_\_\_\_\_

Would there be any restrictions to play or activities?  Yes  No

\_\_\_\_\_



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**About Your Child**

Has your child ever been in childcare before?     Yes  No

What type (center, family daycare, grandma etc.) \_\_\_\_\_

Why are you looking for childcare? \_\_\_\_\_

What is your child's temperament? Are they easy going, hard to please, demanding, aggressive, etc.

Are there any food restrictions? \_\_\_\_\_

What is your child's favorite food? \_\_\_\_\_

Can your child be relied upon to indicate bathroom wishes?     Yes     No

What words does your child use for?

Bowel movements \_\_\_\_\_    Urination \_\_\_\_\_

**Any Specific Concerns**

Please Return:

- Completed Enrollment Form
- Copy of Parents Driver’s License
- Copy of Child’s Immunization Record
- Copy of Child’s Birth Certificate
- General Health Form

***Enrollment is not complete without a signed contract and a completed financial agreement on file.***

\*Once your child has been accepted into the center you will be sent a link to ProCare to complete the registration and pay all fees and tuition.

Available to submit payment. (Online E-Pay, Cash, Chime, Cash App)

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

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