

Nickname _____



CHILD CARE ENROLLMENT FORM



Child Full Name: _____ Birth Date: _____
 Address: _____ Home Phone: _____
 City: _____ State: _____ Zip: _____

Mother's Full Name: _____ Home Phone: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Name of Employer: _____ Work Phone: _____
 Business Address: _____ Ext: _____
 Work Hours: _____ Cell Phone: _____

Father's Full Name: _____ Home Phone: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Name of Employer: _____ Work Phone: _____
 Business Address: _____ Ext: _____
 Work Hours: _____ Cell Phone: _____

Guardian Other Than Above/ Full Name: _____
 Home Phone: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Name of Employer: _____ Work Phone: _____
 Business Address: _____ Ext: _____
 Work Hours: _____ Cell Phone: _____

Parent or Guardian with legal custody: _____
 Parents are: Married _____ Divorced: _____ Seperated: _____
 Widowed: _____ Single: _____

Primary Emergency Contact (other than parents or guardian): _____
 Home Phone: _____ Work Phone: _____ Relationship to Child: _____
 Address: _____

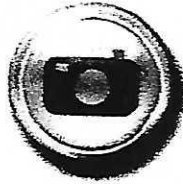
Secondary Emergency Contact (other than parents or guardian): _____
 Home Phone: _____ Work Phone: _____ Relationship to Child: _____
 Address: _____

Person(s) authorized to pick up my child: (Besides parents, guardians, or emergency pick ups)
 Name: _____ Name: _____
 Name: _____ Name: _____
 Person(s) NOT authorized to pick up my child:
 Name: _____ Name: _____
 Name: _____ Name: _____

Security Deposit _____
 1st week childcare _____
 Appt/Registration _____

\$250
 \$125
 \$25

Known Allergies _____
 Session/Hours _____
 Parent Signature/Date _____



Permission to Photograph

I, _____, give permission for _____ to
(Parent or Guardian name) (Child Care Provider)
photograph my child, _____, for the following purposes:
(Child's name)

Type of Use:	(Please check one)	
	Grant Permission	Decline Permission
Still Photographs:		
Display in my personal scrapbook	<input type="checkbox"/>	<input type="checkbox"/>
Give photographs possibly containing your child to current clients	<input type="checkbox"/>	<input type="checkbox"/>
Display in facility's scrapbook or bulletin boards, shown to current and prospective clients	<input type="checkbox"/>	<input type="checkbox"/>
Display still photos on child care website*	<input type="checkbox"/>	<input type="checkbox"/>
Post photos on child care's Facebook page	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
Videos:		
Give video to current parents	<input type="checkbox"/>	<input type="checkbox"/>
YouTube™ promotional video	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
Other (please list):		
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

*Only first names and possibly last initials (in the event of two or more children with the same first name) will be displayed on the facility website.

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

Signed:

(Parent or Guardian signature)

(Date)