



CENTER FOR CHILD DEVELOPMENT Child Care Enrollment Form

Child's Name _____ Social Security # _____

Date of Birth _____ Gender _____ Child's badge # _____

Address _____
Street _____ City _____ Zip _____

Preferred Name _____ Enrollment Date _____
.....

Mother's Name _____ Social Security # _____

Address _____
Street _____ City _____ Zip _____ Email _____

Home Phone _____ Cell Phone _____ Pager _____

Place of Employment _____ Work Phone _____

Employment Address _____
Street _____ City _____ Zip _____

Father's Name _____ Social Security# _____

Address _____
Street _____ City _____ Zip _____ Email _____

Home Phone _____ Cell Phone _____ Pager _____

Place of Employment _____ Work Phone _____

Employment Address _____
Street _____ City _____ Zip _____

Custody: Mother _____ Father _____ Both _____ Other _____ Lives With: _____
.....

Child will be released only the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason the custodial parent or legal guardian cannot be reached:

Name _____ Phone #'s _____ Relationship _____

Name _____ Phone #'s _____ Relationship _____

Name _____ Phone #'s _____ Relationship _____

Name _____ Phone #'s _____ Relationship _____
.....

Where did you hear about us? _____

For office use
Starting class _____ Status _____