

Home Daycare Enrollment Form

Please fill in one form for each child. Tell us right away if anything changes.

Child

Child's full name

Date of birth

Home address

Start date

Days and hours of care

Parent or guardian 1

Name

Relationship

Phone

Email

Employer and work phone

Parent or guardian 2

Name

Relationship

Phone

Email

Employer and work phone

Emergency contacts (not a parent)

Name

Phone

Relationship

Name

Phone

Relationship

People allowed to pick up the child

Name

Phone

Relationship

Name

Phone

Relationship

Health

Doctor

Doctor's phone

Allergies

Medications and when given

Medical conditions or special needs

I confirm the information above is correct.

Parent or guardian signature

Date