

**DAY CARE CENTER ENROLLMENT FORM**

Center Name: **CORTELYOU EARLY CHILDHOOD CENTER**

Child's Name: \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_

Mother/Guardian Name \_\_\_\_\_

Father/Guardian Name \_\_\_\_\_

Parent/Guardian Address and Phone, if different \_\_\_\_\_

In case of emergency, notify \_\_\_\_\_ Phone \_\_\_\_\_

Second person to notify \_\_\_\_\_ Phone \_\_\_\_\_

Physician's name \_\_\_\_\_ Phone \_\_\_\_\_

**TIME MEALS SERVED**

Breakfast \_\_\_\_\_ am to \_\_\_\_\_ am Lunch \_\_\_\_\_ am/pm and \_\_\_\_\_ pm Afternoon Snack \_\_\_\_\_ pm to \_\_\_\_\_ pm

If your child is in care during these times, he/she will receive the meal or snack that is being served.

What days will your child usually be at the center? M\_\_\_\_ Tu\_\_\_\_ W\_\_\_\_ Th\_\_\_\_ F\_\_\_\_ Sat\_\_\_\_ Su\_\_\_\_

What hours will your child usually be at the center? Arrive \_\_\_\_\_  am  pm

Depart \_\_\_\_\_  am  pm

Signature of a parent/guardian \_\_\_\_\_ Date \_\_\_\_\_



**After 1 year of care**

Is all the information above still correct? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, what has changed? \_\_\_\_\_

Signature of a parent/guardian \_\_\_\_\_ Date \_\_\_\_\_