

Tots O' Love Childcare and Learning Center

Enrollment Form

Child's Information

Child's Name

Birthdate:

Sex:

Address:

Enrollment Date:

Parent(s)/Guardian(s) Information

Name:

Name:

Relationship:

Relationship:

Home Address:

Home Address:

Phone:

Phone:

Employer:

Employer:

Work Address:

Work Address:

Work Phone:

Work Phone:

Birthdate:

Birthdate:

Email:

Email:

Emergency Contact

Name:

Phone:

Relationship:

Address:

Doctor/Physician's Information

Name:

Phone:

Hospital/Clinic:

Address:

Program Enrollment

Program:

Hours of Care:

Days Attending:

Rate of Pay:

By signing this document, you acknowledge that you read and understand the terms and conditions stated in Tots O' Love's policies and procedures. Any changes in the above information must be reported immediately. This is a binding agreement and requires at least **two weeks notice of termination.**

Parent Signature

Director Signature

Date