

Enrollment Form for Drop-In Care

Mother/Legal Guardian _____ Home Phone _____
Street Address _____

City _____ State _____ Zip _____

Employer's Name _____ Address _____ Phone _____
Mother E-Mail _____

Father/Legal Guardian _____ Home Phone _____
Street Address _____

City _____ State _____ Zip _____

Employer's Name _____ Address _____ Phone _____
Father E-Mail _____

First and last names of children enrolling:

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Child(ren)'s Doctor _____ Phone _____

Child(ren)'s Dentist _____ Phone _____

Persons authorized to take responsibility for children if I cannot be reached

Name _____ Phone _____

Name _____ Phone _____

Mother's Signature _____ Date _____

Father's Signature _____ Date _____