

Creative Minds Early Childhood Center, LLC.

CHILD ENROLLMENT FORM Date of Application: _____ Date of Enrollment: _____ Last Day of Enrollment: _____ Child's Name: _____ Child's Date of Birth: _____ Child's Address: _____ City: _____ Zip Code: _____ Mother's Name: _____ Address: _____ City: _____ Zip Code: _____ e-mail address: _____ Home Telephone #: (____) _____ Cell #: (____) _____ Mother's Employer: _____ Work #: (____) _____ Mother's Employer Address: _____ City: _____ Zip Code: _____ Father's Name: _____ Address: (if different) _____ City: _____ Zip Code: _____ e-mail address: _____ Home Telephone #: (if different)(____) _____ Cell #: (____) _____ Father's Employer: _____ Work #: (____) _____ Father's Employer Address: _____ City: _____ Zip Code: _____	
Weekly Care Schedule: (please include the child's hours in care for each day) Sunday: _____ Monday: _____ Tuesday: _____ Wednesday: _____ Thursday: _____ Friday: _____ Saturday: _____	Persons to Call in an Emergency or Release Child to (if parent(s) can not be reached) Name: _____ Address: _____ Phone #: _____ Relationship: _____ Name: _____ Address: _____ Phone #: _____ Relationship: _____ Name: _____

	<p>_____</p> <p>Address:</p> <p>_____</p> <p>_____</p> <p>Phone #: _____ Relationship:</p> <p>_____</p>
<p>(Provider's name) _____, my child care provider, has my permission to transport my child, if necessary, when my child is in care.</p> <p>Physician's Name:</p> <p>_____</p> <p>Address:</p> <p>_____</p> <p>Phone #:</p> <p>(____) _____</p>	<p>Additional Emergency/Release names:</p> <p>Name:</p> <p>_____</p> <p>Address:</p> <p>_____</p> <p>Phone #:</p> <p>(____) _____ Relationship:</p> <p>_____</p> <p>Name:</p> <p>_____</p> <p>Address:</p> <p>_____</p> <p>Phone #:</p> <p>(____) _____ Relationship:</p> <p>_____</p>