

IVY COTTAGE CHILDREN'S CENTER

CHILD ENROLLMENT FORM

Child's Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ Date of Application: \_\_\_\_\_  
Father's Name: \_\_\_\_\_ Date Enrolled: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_ Date Enrollment Ends: \_\_\_\_\_  
Mother's Address: \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_  
Mother's Employer: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
Mother's Employer Address: \_\_\_\_\_  
Father's Address (if different): \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_  
Father's Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Father's Employer Address: \_\_\_\_\_

Weekly Care Schedule:

Monday: \_\_\_\_\_  
Tuesday: \_\_\_\_\_  
Wednesday: \_\_\_\_\_  
Thursday: \_\_\_\_\_  
Friday: \_\_\_\_\_

Persons to Call in an Emergency

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Relationship: \_\_\_\_\_

\_\_\_\_\_, my  
Child care provider, has my permission  
to transport my child, if necessary, when  
my child is in care.

Child may be released to:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Physician's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_

Allergies:  
\_\_\_\_\_

Relationship: \_\_\_\_\_

The provisions outlined on this form have been worked out in consultation with me and have my approval. Techniques used to manage behavior have been discussed with me.

Signature of Parent or Guardian \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Parent or Guardian \_\_\_\_\_ Date: \_\_\_\_\_