



## Enrollment Inquiry Form (one submission per child)

### Parent/Guardian Contact Information No. 1

Name:

Phone Number:

Email Address:

Home Address:

### Parent/Guardian Contact Information No. 2

Name:

Phone Number:

Email Address:

Home Address:

### Child Information:

Child Name:

Child DOB:

Interested Start Date:

Care Type: Full Time or Part Time:

Pay Time: Subsidy or Private Pay

Any Allergies: [Y]\_\_\_\_\_ or [N]\_\_\_\_\_

Any Disabilities: [Y]\_\_\_\_\_ [N]\_\_\_\_\_ if yes, please explain \_\_\_\_\_

Under Doctors Care: [Y]\_\_\_\_\_ [N]\_\_\_\_\_ if yes, please explain \_\_\_\_\_