

# QUALITY CHILD CARE ENROLLMENT APPLICATION

## PARENT INFORMATION

Mother's Name:		
Guardian's Name:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:
Alt. Phone:	Relationship to child:	

## EMPLOYMENT INFORMATION

Current employer:		
Employer address:	How long?	
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Work Hours:	

## EMERGENCY CONTACT

Name:		
Address:	Phone:	
City:	State:	ZIP Code:
Relationship:		

## FATHER'S INFORMATION IF JOINT APPLICANT

Name:		
Date of birth:	SSN:	Phone:

## FATHER'S EMPLOYMENT INFORMATION

Current employer:		
Employer address:	How long?	
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Work Hours:	

## NAME OF CHILDREN YOU DESIRE TO ENROLL

Name :	Date of birth:		Age:	
Name:	Date of birth:		Age:	
Name:	Date of birth:		Age:	
Name:	Date of birth:		Age:	

**PLEASE INDICATE ANY MEDIAL CONDITIONS/CONCERNS THAT MAY ASSIST US WITH PROGRAM DELIVERY (I.E. ALLERGIES, GLASSES, DIETING RESTRICTIONS, ASTHMA, ETC.) PLEASE NOTE WE DO NOT ADMINISTER ANY MEDICATION ON PREMISES. THE PARENTS ARE THE PRIMARY PERSONS IN CHARGE FOR THAT PROCEDURE.**

I have read and understand the application for and conditions of registration for childcare, and agree to abide by its policies and procedures. I have the authority to enter into this agreement regarding the children listed on application. Additionally, I do hereby fully release and hold harmless Quality Child Care & Learning Center, its employees and administrators from any and all claims from injuries, damage or loss, which my child, children or I might sustain as a result of participation in the program. I also certify that my children are in good health and free from any communicable disease or illness.

Signature of applicant:	Date:
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