



Growing Minds Daycare & Learning Center
Enrollment Application

Student Information:

Date of Birth: _____

Date of Enrollment: _____

Full Name: _____
Last First Middle Nickname

Child's Physical Address: _____

Primary Hours of Care: From _____ To _____

Days of the Week in Care: M T W Th F

Meals Typically Served While in Care: Br AM Snack Lunch PM Snack Sup Eve Snack

Family Information:

Child Lives With: _____

Mother's Name: _____

Father's Name: _____

Address: _____

Address: _____

Home Phone: _____

Home Phone: _____

Employer: _____

Employer: _____

Address: _____

Address: _____

Work Phone: _____/Cell: _____

Work Phone: _____/Cell _____

Custody: Mother _____ Father _____ Both _____ Other _____

Medical Information:

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor: _____ Address: _____ Phone: _____

Doctor: _____ Address: _____ Phone: _____

Dentist: _____ Address: _____ Phone: _____

Hospital Preference: _____

Please list allergies, special medical or dietary needs, or other areas of concern: _____

Contacts:

Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in

case of illness, accident, or emergency, if for some reason, the custodial parent or legal guardian cannot be reached:

Name: _____ Address: _____ Cell# _____

Name: _____ Address: _____ Cell# _____

Name: _____ Address: _____ Cell# _____

Helpful Information About Child:

***Current physical examination and immunization record is required within 30 days of enrollment.**

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate.

Signature of Parent/Guardian

Date