



Dependable Affordable Daycare  
and Learning Center

"Where your child's care is our top priority"

1643 Pinto Trail ♦ Jonesboro, Georgia 30236 ♦ 770-210-9119

# ENROLLMENT FORM

Entrance Date: \_\_\_\_\_

Withdrawal Date: \_\_\_\_\_

**\*\*ANSWER ALL QUESTIONS, NO BLANKS CAN BE ACCEPTED. WRITE N/A WHERE APPLICABLE\*\***

## CHILD'S INFORMATION

Child's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ yrs. \_\_\_\_\_ mos. Sex:  Female  Male

Home Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Alternate Telephone: \_\_\_\_\_

Enrollment is for: (please check)  Daycare  After Care  Summer Care  Drop-in

Elementary school child attends: \_\_\_\_\_

Child's Living Arrangements:  Both Parents  Mother  Father  Other \_\_\_\_\_

Child's Legal Guardian(s):  Both Parents  Mother  Father  Other \_\_\_\_\_

May The Non-Custodial Parent Pick-Up Your Child?  Yes  No

If yes, please list that name in space provided \_\_\_\_\_

## PARENT/GUARDIAN CONTACT INFORMATION

Mother's Name: \_\_\_\_\_ (List home address if different from child)

Mother's Home Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mother's Place of Employment: \_\_\_\_\_ Telephone: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Driver's License#: \_\_\_\_\_ Cellular/Alternate #: \_\_\_\_\_

Father's Name: \_\_\_\_\_ (List home address if different from child)

Father's Home Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Father's Place of Employment: \_\_\_\_\_ Telephone: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Driver's License#: \_\_\_\_\_ Cellular/Alternate #: \_\_\_\_\_

## SPECIAL INSTRUCTIONS TO CONTACT PARENT/GUARDIAN

\_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY CONTACT LIST**

*Emergency contacts will be called in the event parents/guardians cannot be reached.*

**Name**

**Contact Number and Address**

**Relationship to Child**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**AUTHORIZED CHILD RELEASE LIST**

*My child may be released to the person completing this form and the following people by signing this agreement.  
Changes to this list must be made in writing.*

**Name**

**Address**

**Relationship to Child**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**Note:** Identification via driver's license or another id card, which has a picture, will be verified and a copy will be made and placed in child's file before he/she is released.

**Child's Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_  
(Parent/Guardian)

**Date:** \_\_\_\_\_

**Staff Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_