

BUMBLE DAYCARE
ENROLLMENT INFORMATION

CONFIDENTIAL

(Include first, middle and last name)

Child's Name _____

Birthday ____/____/____ Age_____

Date of Admission: ___/___/___
Monday: _____ Hours in Care: ____ a.m./p.m. until ____ a.m./p.m.
Tuesday: _____ Hours in Care: ____ a.m./p.m. until ____ a.m./p.m.
Wednesday: ____ Hours in Care: ____ a.m./p.m. until ____ a.m./p.m.
Thursday: _____ Hours in Care: ____ a.m./p.m. until ____ a.m./p.m.
Friday: _____ Hours in Care: ____ a.m./p.m. until ____ a.m./p.m.
Saturday: _____ Hours in Care: ____ a.m./p.m. until ____ a.m./p.m.
Sunday: _____ Hours in Care: ____ a.m./p.m. until ____ a.m./p.m.

(Include city and zip code)

Address _____
Phone _____-_____

Mother's Name _____
Birthday ____/____/____
Address _____
Phone _____-_____
S.S.# _____-____-_____ D.L.# _____

Work Phone ( ) _____-_____
(Include full name and address including city and zip)
Employer

_____

Address

_____

Home # ( ) _____-_____
Mobile # ( )_____-_____

Does the child live with the mother? (circle one) Yes No

Father's Name _____
Birthday ____/____/____
Address _____
Phone _____-_____
S.S.# _____-____-_____ D.L.# _____
Work Phone ( ) _____-_____
(Include full name and address including city and zip)
Employer _____
Address _____
Home # ( ) _____-_____
Mobile # ( ) _____-_____

Does the child live with the father? (circle one) Yes No

Parent's Marital Status: Married Separated Divorced Single Widowed

Child Lives With_____

If Divorced, Who Has Legal Custody_____

May the Non-Custodial Parent Pickup Child_____

The Child Will Be Released Only To Those People On This Form:

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Persons authorized to pick up child / Emergency contacts <u>if parents cannot be reached</u>:

1. **Name:** _____
   Relation to child: _____
   D.L.# _____ **Home Phone:** _____-_____
   Work Phone: _____-_____

2. Name:_____
   Relation to child: _____
   D.L.# _____ Home Phone: _____-_____
   Work Phone: _____-_____

3. Name:_____
   Relation to child: _____
   D.L.# _____ Home Phone: _____-_____
   Work Phone: _____-_____

4. Name: _____
   Relation to child: _____
   D.L.# _____ Home Phone: _____-_____
   Work Phone: _____-_____

**Please provide the center with a copy of the driver's license / Photo ID for yourself as well as for each of the persons authorized to pick up your child if possible!*

Please list any special problems that your child may have, such as allergies, existing illnesses, previous illnesses, and injuries during the past twelve months, any medications taken for long-term use, and any other information, which the staff should be aware of:

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