

# Artisticrats

Childcare and Preschool

## Enrollment Form

Child's Name \_\_\_\_\_  
Birthdate \_\_\_\_\_  
Start Date \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

### Parent(s) or Guardian(s)

Name \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Occupation \_\_\_\_\_  
Email \_\_\_\_\_

Name \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Occupation \_\_\_\_\_  
Email \_\_\_\_\_

*\*Both parents are assumed to be authorized to pick up your child unless we have a court order specifying otherwise on file.*

### Emergency Contacts (Must be Local)

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

Dentist (required) \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

Child's Days of Attendance and Times:

M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ TH \_\_\_\_\_ F \_\_\_\_\_

Please describe anything you would like our staff to know about your child's eating, sleeping, toileting, communication and comforting habits and methods:

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Dietary and Medical Needs or Specifications:

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Please provide documentation for any individual child care needs.

You must have a Health Summary and Immunization Record completed and signed by your Doctor before admission. Additional exams are required annually and/or as your child advances to older age categories.

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Parent or Guardian Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

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Parent or Guardian Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_