Little Friends Daycare enrollment
Information and Authorization forms

General Information

Child's name_____ Nick names_____ Birthday_____

1st Day of Care_____ Drop off Time_____ Pick up Time_____

Has your child had previous Daycare experience?_____

Reason for Leaving last Daycare?_____

How did you hear about Little Friends Daycare?_____

Name of Mother: _____ Home address:_____

Home Phone #:_____ Work Phone #:_____ Cell #_____

Employer:_____ Occupation_____

Works Hours:_____ Work Address:_____

email address:_____ Mother's Birthday:_____

Fathers name::_____ Home Address:_____

Home #:_____ Work #:_____ Cell #:_____

Employer:_____ Occupation:_____

Work Hours:_____ Work Address:_____

Email:_____ Father's Birthday:_____

Name of Contact Person (Relatives or Friends) if parents can't be reached

Name:_____ Address:_____

Phone #:_____ Relationship to child:_____

Name:_____ Address:_____

Phone #:_____ Relationship to child:_____

Who is Authorized to pick up your Child?

Name:_____Relationship:_____

Name:_____Relationship:_____

Name:_____Relationship:_____