



Child Enrollment Application

Zadie's™ Early Childhood Center

Child's Name:		Nickname:	
Child's Age:	DOB:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Child's Last Four Digits of SS#:
Mailing Address:		City:	St: Zip:
Street Address, if different:		Zip:	Home Phone:
Parents are: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated (For specialized living arrangements please attach documentation)		Person(s) responsible for Payment:	

Parent's Name (1):	Parent's Name (2):
Last Four Digits of SS#:	Last Four Digits of SS#:
Driver's License: State () No.:	Driver's License: State () No.:
Place of Employment:	Place of Employment:
Address of Employer:	Address of Employer:
Work Hours:	Work Hours:
Work Phone:	Work Phone:
Email:	Email:

Names and Ages of Siblings:	List Any Allergies:
Special Needs of Your Child:	Name of School Previously Attended: (if applicable)

Parent #1 Name:	Parent #2 Name:
Parent #1 Cell Phone:	Parent #2 Cell Phone:

What time of day may we expect your child to arrive and depart?

Mon ___:___ - ___:___ Tue ___:___ - ___:___ Wed ___:___ - ___:___

Thur ___:___ - ___:___ Fri ___:___ - ___:___

Name of Child's Physician: _____	Physician's Phone Number: _____
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Address of Physician: _____

Name and phone number if at least two other persons to contact if parents cannot be reached:

Name: _____ Relationship: _____ Phone: (____) _____

Name: _____ Relationship: _____ Phone: (____) _____

Name: _____ Relationship: _____ Phone: (____) _____

Name: _____ Relationship: _____ Phone: (____) _____

Persons who may pick up your child other than parents (includes step parents, grandparents, or other) without prior notice:

Name: _____ Relationship: _____ Phone: (____) _____

Name: _____ Relationship: _____ Phone: (____) _____

Name: _____ Relationship: _____ Phone: (____) _____

Name: _____ Relationship: _____ Phone: (____) _____

PHOTOGRAPHS: May we have permission to take photographs of your child in the classroom to be used on our website, bulletin boards, newsletters and other events only pertaining to Zadie's™? Yes No

POLICY AGREEMENT: In applying to reserve child care services for my child, I agree to abide by the policies of the Parent Contract and/or Parent Handbook. In the event that I should desire to withdraw my child from Zadie's™ program, I agree to give written notice to the Director or Executive Director based on what is stated in the Parent Contract regarding my child's last day of attendance at Zadie's™. I understand that my security deposit will be applied accordingly if I adhere to the terms listed in the Termination of Services section.

Zadie's™ does not discriminate on the bases of race, creed, color, gender, sexual orientation or national origin.

Today's Date: _____ Desired Entry Date: _____

Parent's Signature (1): _____ Parent's Signature (2): _____

Office Use Only:
Enrollment Date: _____ Classroom: _____