

Little Friends

Child Care & Kindergarten

Enrollment Application

Child's Name First & last	Age	sex	birthday	Full/part time services
1.				
2.				
3.				

General information

Family Name: _____ With whom do children reside with? _____

Parental Status: Single/ Married Separated/ Divorced/ spouse deceased

Mother's Name: _____ Father's Name: _____

Email: _____ Email: _____

Address: _____ address: _____

Home phone: _____ Home phone: _____

Work phone: _____ work phone: _____

Cell phone: _____ cell phone: _____

Local Emergency Information

Child's physician _____ phone# _____

Emergency contact _____ relation/phone# _____

Emergency contact _____ relation/phone# _____

Parent signature: _____ date: _____