

Childcare Enrolment Form

Child's Information

Child's Full Name: _____

Date of Birth: _____

Allergies/Health Concerns: _____

Parent/Guardian Information

Name: _____

Relationship: _____

Phone Number: _____

Email Address: _____

Care Preferences

Preferred Days: Monday Tuesday Wednesday Thursday Friday

Preferred Hours: _____

Consent and Agreement

I agree to follow all childcare policies.

Signature: _____

Date: _____