



APPLICATION FOR ENROLLMENT

Parent/Guardian: _____

Parent/Guardian: _____

Address: _____

Address: _____

Postal Code: _____

Postal Code: _____

Home Phone: () _____

Home Phone: () _____

Company: _____

Company: _____

Company Address: _____

Company Address: _____

Occupation: _____

Occupation: _____

Business Phone: () _____

Business Phone: () _____

Cell Phone: () _____

Cell Phone: () _____

Email: _____

Email: _____

Custody Arrangements (if applicable): _____

Language(s) spoken at home: _____ Date of care required: _____

Child: *For more than one child, please use a second form)*****Circle MALE or FEMALE

Child's Name: _____ Birthdate: (Day/Month/Year) _____

Child's J qo g"Cf f t g u u

General Health: _____ Any known allergies, health, or medical problems? Circle YES or NO

If yes, please describe: _____

" _____

" Does your child require any special foods or liquids or any special diet? Circle YES or NO

" If yes, please describe: _____

" _____

" Please outline your child's daily routine: _____

" _____

" _____

Please describe your child's general personality (likes, dislikes etc.)

" _____

" _____

Name and ages of siblings: _____

" _____

PROVIDER:

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APPLICATION FOR ENROLLMENT CONTINUED

What type of home would you like your child to be placed in?

Do you or your spouse smoke? Do you have pets? What type?

PERSONAL:

Physician's Name: _____ Phone: () _____

Address: _____

Persons to contact in an emergency if parents cannot be reached, and to whom child may be released.

Name: _____ Phone: () _____ Relationship: _____

Name: _____ Phone: () _____ Relationship: _____

Name: _____ Phone: () _____ Relationship: _____

SCHEDULE & LOCATIONS:

Hours of work: _____ Days of work: _____

I need ej kf "care for the following days and hours: _____

Closest intersection to work: _____

Closest intersection to home: _____

Child's School (Name & Location): _____

GENERAL COMMENTS:

Please outline any additional comments or requirements regarding ej kf care for your child: _____

How did you hear about Wee Watch? _____

Signature of Parent/Guardian _____ Date _____

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.....cpf "cf xlug" { qw'qh'vj g'tgi kwt'c'kqp'hgg0'

FOR OFFICE USE ONLY:

Date child admitted: _____ Date child discharged: _____