



Precious Little One  
Child Care Center

Enrollment Date \_\_\_\_\_ Withdrawal Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Mother/Guardian First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_ Home Phone \_\_\_\_\_

Employed By \_\_\_\_\_ Office Phone \_\_\_\_\_

Work Address \_\_\_\_\_ Mobile \_\_\_\_\_

Email Address \_\_\_\_\_ Driver's License # \_\_\_\_\_

Father/Guardian First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_ Home Phone \_\_\_\_\_

Employed By \_\_\_\_\_ Office Phone \_\_\_\_\_

Work Address \_\_\_\_\_ Mobile \_\_\_\_\_

Email Address \_\_\_\_\_ Driver's License # \_\_\_\_\_

Child's Living Arrangements: (check one)  Both Parents  Mother  Father  Other

Child's Legal Guardian(s): (check one)  Both Parents  Mother  Father  Other

The child may be released to the parent(s) or guardian(s) signing this agreement or to following:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone Number \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Relationship to Parent (s) or Guardian \_\_\_\_\_

Other Identifying information (if any) \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Relationship to Parent or Guardian \_\_\_\_\_

Other Identifying information (if any) \_\_\_\_\_

\_\_\_\_\_  
Name of Public/Private school /daycare the child previously attended or attends, if any:

\_\_\_\_\_  
Allergy/Special Need \_\_\_\_\_

\_\_\_\_\_  
The following special accommodation(s) may be required to most effectively meet my child's needs while in the center \_\_\_\_\_

\_\_\_\_\_  
My Child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_