

Child's Name:	Date of Enrollment Preferred:	
()Male ()Female (if known)	Date of Birth or Expected DoB:	
Age Group: 6 weeks –14 mo __, 15-24 mo __, 24-36 mo __, 30-42mo* __, 42mo & up* __ *children in these age groups should be using the toilet		
Mom's Name & Work Phone#:		
Dad's Name & Work Phone#:		
Home Address:		
City:	State:	Zip:
Home Phone:	Cell Phone: optional	
F=Full Day A=7am-12pm P=12:30-5:30 Place appropriate letter in box (F, A, or P) M T W R F	Faculty () Community () Staff () Student ()	
List Sibling(s) Needing Care:	Date of Birth:	
FOR OFFICE USE ONLY		