|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Application for Enrollment** | | | | | | | | A close up of a sign  Description automatically generated  317-909-3001 futurescholarsdaycare123.com | | |
|  | | | | | | | |  | | |
| **Child Information** | | | | | | | | Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| 1st Child | | | | | | | | | | |
| Last Name | | First Name | | | | | MI | | | Nickname |
| Entering Grade | [ ] Male [ ]Female  [ ] Prefer not to specify | | Age  MO / YR | | Birth Date | | | | Birth City/State  City: State: | |
| Existing medical conditions, medications and/or special attention your child may require | | | | | | | | | | |
| Allergies | | | | | | | | | | |
| Pediatrician’s Name | | Phone | | | | Address | | | | |
| Photos: May we take and maintain a photo of your child for security purposes?  [ ] Yes [ ]No | | | | | | | | | | |
|  | | | | | | | | | | |
| Primary Hours of Care  **FROM** AM / PM **TO** AM / PM | | | | Days of the Week in Care  [ ] Mon [ ] Tues [ ] Wed [ ] Thurs [ ] Fri [ ] Sat [ ] Sun | | | | | | |
| 2nd Child | | | | | | | | | | |
| Last Name | | First Name | | | | | MI | | | Nickname |
| Entering Grade | [ ] Male [ ]Female  [ ] Prefer not to specify | | Age  MO / YR | | Birth Date | | | | Birth City/State  City: State: | |
| Existing medical conditions, medications and/or special attention your child may require | | | | | | | | | | |
| Allergies | | | | | | | | | | |
| Pediatrician’s Name | | Phone | | | | Address | | | | |
| Photos: May we take and maintain a photo of your child for security purposes?  [ ] Yes [ ]No | | | | | | | | | | |
|  | | | | | | | | | | |
| Primary Hours of Care  **FROM** AM / PM **TO** AM / PM | | | | Days of the Week in Care  [ ] Mon [ ] Tues [ ] Wed [ ] Thurs [ ] Fri [ ] Sat [ ] Sun | | | | | | |

**How did you hear about us?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional Comment:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | |  | | | | | | | |
| **Primary Guardian Information**  *Names(s) of person(s) with whom child is living* | | | | |  | | | | | | | |
| 1st Primary Guardian | | | | | | | | | | | | |
| Last Name | | First Name | | | | | | MI | | Relationship to Child | | |
| Email Address | | | | Work Phone | | | | | Cell Phone | | | |
| Occupation | Employer | | | | Work Address | | | | | | Work Hours | |
| 2nd Primary Guardian | | | | | | | | | | | | |
| Last Name | | First Name | | | | | | MI | | Relationship to Child | | |
| Email Address | | | | Work Phone | | | | | Cell Phone | | | |
| Occupation | Employer | | | | Work Address | | | | | | Work Hours | |
|  | | | | | | | | | | | | |
| Which guardian should be called first? | | Home Phone | | | | | Preferred language for written communication | | | | | |
| Home Resident Street Address | | | Apt# | | | City | | | | | | Zip Code |
| Mailing Address (if different than above) | | | Apt# | | | City | | | | | | Zip Code |

**Additional Comment:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Secondary Guardian Information**  *Non-primary custodial parent* | | | |  | | | | |
| 1st Non-primary Guardian | | | | | | | | |
| Last Name | | First Name | | | MI | | Relationship to Child | |
| Email Address | | | Work Phone | | | Cell Phone | | |
| Occupation | Employer | | | Work Address | | | | Work Hours |
|  | | | |  | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 2nd Non-primary Guardian | | | | | | | | | | | | |
| Last Name | | First Name | | | | | | MI | | Relationship to Child | | |
| Email Address | | | | Work Phone | | | | | Cell Phone | | | |
| Occupation | Employer | | | | Work Address | | | | | | Work Hours | |
|  | | | | | | | | | | | | |
| Which guardian should be called first? | | Home Phone | | | | | Preferred language for written communication | | | | | |
| Home Resident Street Address | | | Apt# | | | City | | | | | | Zip Code |
| Mailing Address (if different than above) | | | Apt# | | | City | | | | | | Zip Code |

**Additional Comment:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |
| --- |
| **Emergency Contacts and Authorized Pickups** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1st Contact/Pickup | | | | |
| Last Name | | First Name | | Relationship to Child |
| Home Phone | Cell Phone | | [ ] Able to pick up all children in family  [ ] Not able to pick up the following children: | |
| 2nd Contact/Pickup | | | | |
| Last Name | | First Name | | Relationship to Child |
| Home Phone | Cell Phone | | [ ] Able to pick up all children in family  [ ] Not able to pick up the following children: | |
| 3rd Contact/Pickup | | | | |
| Last Name | | First Name | | Relationship to Child |
| Home Phone | Cell Phone | | [ ] Able to pick up all children in family  [ ] Not able to pick up the following children: | |

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
| **Tuition Information**   |  |  | | --- | --- | | Your tuition will be:  WEEK/MONTH | Required Deposit | |

**SIGNATURE**

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

Parent/Guardian Signature Date