

Application for Enrollment

Child's Information:

Date of Birth: _____
Sex (please circle): Male Female
Date of Enrollment: _____

Child's Full Name: _____

Child's Physical Address: _____

Primary Hours of Care: From _____ To _____

Days of the Week in Care (please circle all that apply): M T W TH F

Full Time Care: \$130/week
Part Time Care (4 days or less) **Daily Rate:** \$30/day
Multi Child Discount (for 2nd Child): \$110/week or \$25/day

Promised Rate: _____

Family Information:

Child Lives With: _____

Mother's Name: _____	Father's Name: _____
Address: _____	Address: _____
Home Phone: _____	Home Phone: _____
Employer: _____	Employer: _____
Address" _____	Address: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____

Custody: Mother _____ Father: _____ Both _____ Other _____

Medical Information:

I hereby grant permission for Imagination Station to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor: _____ Address: _____ Phone: _____

Doctor: _____ Address: _____ Phone: _____

Dentist: _____ Address: _____ Phone: _____

Hospital Preference: _____

Please list any allergies, special medical or dietary needs, or other areas of concern:

* A copy of your child's up to date immunizations will be needed prior to start.

Contacts:

Child will be released only to the custodial parent(s) or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove your child from the facility in case of illness, accident or emergency, if for some reason, the custodial parent(s) or legal guardian cannot be reached:

Name	Address	Home #	Work #
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Name	Address	Home #	Work #
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Name	Address	Home #	Work #
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Name	Address	Home #	Work #
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Helpful Information about your Child: (favorite foods, favorite activities, dislikes, etc:

*Your signature below indicates that you have read and understand the above items and information on this enrollment form is complete and accurate.

Signature of Parent

Date

Provider Use Only

Child has been accepted: YES NO

* If No, provide reason: _____

Date Received Application: _____

Agreed Child Start Date: _____

Daycare Provided Signature

Date