

# Daycare Enrollment Form

Printable fixed-layout template - complete in ink and attach required official records.

## Child and schedule

Child legal name and preferred name

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Date of birth and home address

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Requested start date

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## Weekly schedule

| Day | Arrival | Departure |
|-----|---------|-----------|
|     |         |           |
|     |         |           |
|     |         |           |
|     |         |           |
|     |         |           |

## Family and custody

### Parent or guardian details

| Name | Relationship | Phone | Email |
|------|--------------|-------|-------|
|      |              |       |       |
|      |              |       |       |

### Custody information and restrictions

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### Emergency contacts

| Name | Relationship | Phone | Priority |
|------|--------------|-------|----------|
|      |              |       |          |
|      |              |       |          |

**Authorized pickup contacts**

| Name | Relationship | Phone | ID checked |
|------|--------------|-------|------------|
|      |              |       |            |
|      |              |       |            |
|      |              |       |            |

**Health and support****Physician and dentist**

| Provider | Practice | Phone |
|----------|----------|-------|
|          |          |       |
|          |          |       |

**Health conditions, allergies, and medications**

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**Dietary restrictions and developmental or support needs**

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**Insurance information**

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**Permissions and records****Permissions**

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|----------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Emergency treatment | <input type="checkbox"/> Local walks      |
| <input type="checkbox"/> Sunscreen           | <input type="checkbox"/> Classroom photos |

**Required documents checklist**

- |                                                           |                                                         |
|-----------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Immunization or exemption record | <input type="checkbox"/> Health statement               |
| <input type="checkbox"/> Emergency plan                   | <input type="checkbox"/> Custody document if applicable |

**Parent or guardian signature and date****Date****Provider review signature and date****Date**