



Daycare Enrollment Form

Student's Name _____
(First) (Last)
Grade: _____ Teacher: _____

Student's Name _____
(First) (Last)
Grade: _____ Teacher: _____

Emergency contacts

Parent Name _____
Contact # _____
Parent's Email Address: _____

Permission to Pick-up

Name _____

Name _____

Name _____

Please circle days to attend

AM Full-time or M T W Th F

PM Full-time or M T W Th F

AM&PM Full-time or M T W Th F