

# Teeny Valley Tots Daycare & Learning Center

## Enrollment Form

### Child Information

- Full Name: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_
- Gender: ☐ Male ☐ Female ☐ Other
- Address: \_\_\_\_\_
- City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Parent/Guardian Information

#### 1. Primary Guardian

- Name: \_\_\_\_\_
- Relationship to Child: \_\_\_\_\_
- Phone Number: (\_\_\_\_) - \_\_\_\_\_
- Email Address: \_\_\_\_\_
- Employer: \_\_\_\_\_
- Work Phone: (\_\_\_\_) - \_\_\_\_\_

#### 2. Secondary Guardian (if applicable)

- Name: \_\_\_\_\_
- Relationship to Child: \_\_\_\_\_
- Phone Number: (\_\_\_\_) - \_\_\_\_\_
- Email Address: \_\_\_\_\_

### Emergency Contacts (Other than Parents/Guardians)

- Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone Number: (\_\_\_\_) - \_\_\_\_\_
- Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone Number: (\_\_\_\_) - \_\_\_\_\_

### Authorized Pick-Up Persons

☐ Same as Emergency Contacts

☐ Additional Names:

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone Number: (\_\_\_\_) - \_\_\_\_\_
2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone Number: (\_\_\_\_) - \_\_\_\_\_

## Medical Information

- Physician's Name: \_\_\_\_\_
- Physician's Phone: (\_\_\_\_) - \_\_\_\_\_
- Health Insurance Provider: \_\_\_\_\_
- Policy Number: \_\_\_\_\_
- Does your child have any allergies? ☐ Yes ☐ No If yes, please list: \_\_\_\_\_
- Any medical conditions we should be aware of? ☐ Yes ☐ No If yes, please explain: \_\_\_\_\_
- Medications taken regularly: \_\_\_\_\_

## Program Selection

- ☐ Tiny Sprouts (Infants 6 months - 1 year)
- ☐ Budding Explorers (Toddlers 1 - 3 years)
- ☐ Valley Scholars (Preschool 3 - 5 years)
- ☐ Kid Power (After-School Program)

## Additional Information

- Does your child have any special needs or require accommodation? ☐ Yes ☐ No If yes, please explain: \_\_\_\_\_
- Is your child potty trained? ☐ Yes ☐ No
- Does your child have any fears or anxieties we should be aware of? \_\_\_\_\_
- Any additional notes about your child: \_\_\_\_\_

## Consent & Agreements

- ☐ I give permission for my child to participate in daycare activities, including outdoor play.
- ☐ I authorize emergency medical care if needed.
- ☐ I agree to abide by the policies outlined in the Parent Handbook.
- ☐ I give permission for my child's photos/videos to be used for daycare-related materials.
- ☐ Yes ☐ No

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only \_\_\_\_\_

- Enrollment Date: \_\_\_\_\_ Disenrollment Date: \_\_\_\_\_
- Enrollment Fee Paid: ☐ Yes ☐ No
- Notes: \_\_\_\_\_