



Enrollment Form

Child's Name: _____ D/O/B _____ M/F _____

Street Address: _____ Home Phone: _____

City: _____ State: _____ ZIP: _____ Email 1: _____
Email 2: _____

Father's Name: _____
Father's Employment: _____ Phone: _____
Business Address: _____ Cell Phone: _____
City, State, Zip: _____ Dr Lic #: _____

Mother's Name: _____
Mother's Employment: _____ Phone: _____
Business Address: _____ Cell Phone: _____
City, State, Zip: _____ Dr Lic #: _____

Persons Authorized to Pick Up Child:

Name: _____ Phone & Address: _____
Name: _____ Phone & Address: _____
Name: _____ Phone & Address: _____

(*List additional names on back)

Attendance

Start Date: _____ Circle Days: M T W Th F Hours: From _____ to _____

Person/s responsible for tuition: _____

- A child who appears ill upon arrival will not be admitted to PCA.
- When a child becomes ill at PCA, the parents will be notified and arrangements made for the child to be picked up immediately. This determination will be made by PCA Director.
- PCA may require a written permission slip from child's doctor to return to daycare.

Parents: Please authorize your child's pediatrician to accept calls from PCA Director for emergency care.