

Start Date \_\_\_\_\_  
Termination Date \_\_\_\_\_

**Mater Dei Child Care Center  
Enrollment Form**

Child's Name \_\_\_\_\_ (Nickname) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ City/Zip Code \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Employer's Name \_\_\_\_\_ Dept. \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Employer's Name \_\_\_\_\_ Dept. \_\_\_\_\_ Work Phone \_\_\_\_\_

Hours of Care Needed – starting \_\_\_\_\_ AM to \_\_\_\_\_ PM.

Days of Week Care Needed - M Tu W Th F (Circle)

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Physician's Office Address \_\_\_\_\_ Allergies \_\_\_\_\_

Emergency Hospital Preference \_\_\_\_\_

Emergency Contacts other than Parents (must have two): (list alternate drivers on back)

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_ Work Phone \_\_\_\_\_

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)

Enrollment is open to any child regardless of race, religion, color, sex, national/ethnic (ancestry) origin, physical handicap.