Enrollment Information

Child's Name_____ Male____ Female____

Date of birth_____ Age_____

Child's current home address_____

City_____ State_____ Zip code_____

Mother's name_____

Mother's current address_____

City_____ State_____ Zip code_____

Home phone #_____ Work phone #_____

Mother's place of employment_____

Father's name_____

Father's current address_____

City_____ State _____ Zip Code_____

Home phone #_____ Work phone #_____

Father's place of employment_____

Special instructions regarding how to reach either parent during center hours.
(cell phone #, pager, etc.) _____

Method of payment: (circle appropriate)

All tuition payments are due on Monday.

Enrollment Information

Self

MN assistance (Child Care Resource and Referral)

Other _____

(Each parent/guardian must make payment arrangements with our office administrator before care is given).

Discover Magical Moments must have an immunization form filled out before care is given and a Health Summary Form completed within 30 days of starting care at Discover Magical Moments Daycare Center.

Start Date for care _____

Hours of care needed

Mon _____
Tue _____
Wed _____
Thur _____
Fri _____

** If your schedule changes at any time Discover Magical Moments Daycare Center will work with each family to ensure coverage.

Child Pick-up Authorization
The following individuals are authorized to pick-up _____ from Discover Magical Moments Daycare Center, accompanied by a picture ID (preferably a driver's license).

(Include parent's names)
1. _____ phone #_____

2. _____ phone # _____

3. _____ phone # _____

4. _____ phone # _____

Enrollment Information

Medical Information

Physician's Name _____

Medical Center _____

Address _____

Phone # _____

Dentist Office _____

Address _____

Phone # _____

Emergency Contact Persons
Name _____ Phone # _____

Address _____

Name _____ Phone # _____

Address _____