Happy Days Daycare Where Children Play to Learn!

Enrollment Application

Effective September 2014 to August 2015

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MOTHER	FATHER
NAME:	NAME:
ADDRESS:APT #	
STREET	
Сіту	
STATE	
CELL PHONE:	CELL PHONE:
WORK PHONE:	WORK PHONE:
HOME PHONE:	HOME PHONE:
EMAIL ADDRESS:	EMAIL ADDRESS:
OCCUPATION	OCCUPATION
COMPANY:	COMPANY:
Employer Address:	Employer Address:
STREET	STREET
Спту	Спту
STATE	STATE
EMPLOYER PHONE NUMBER	EMPLOYER PHONE NUMBER
ANNUAL INCOME:	ANNUAL INCOME:

Parents Marital Status:

Does the child live with both natural parents: Family living in the home:

First Name	M.I.	Last Name	Sex	DOB	School	Grade

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Name Date of Birth Name Date of Birth Emergency contact (in case a parent cannot be reached): Name:	Current Ag
Emergency contact (in case a parent cannot be reached): Name: Cell Phone: Home Phone: Name:	
Name:	
Name:	
Cell Phone: Home Phone:	
Home Phone:	
Name:	
Cell Phone:	
Home Phone:	
Child Health Care Provider:	
Name:Phone #	
Address:	
Child's Health Insurance:	
Name of Insurance PlanID#	
ubscriber's name on insurance card	
List special conditions, disabilities, allergies or medical information for em	

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For snack my child likes to eat:

For lunch my child likes to eat:

My child loves to:

When child is upset, what calms him/her down?

Language(s) spoken at home: ______ Language(s) spoken by child:

How does your child respond to new situations?

Any other information you would like us to know about your child:

How did you hear about our Preschool?

