

Happy Days Daycare

Enrollment Application

Care of the following child(ren): List full name(s) and current age(s).

_____ Name _____ Date of Birth _____ Current Age _____

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_____ Name _____ Date of Birth _____ Current Age _____

Emergency contact (in case a parent cannot be reached):

Name: _____

Cell Phone: _____

Home Phone: _____

Name: _____

Cell Phone: _____

Home Phone: _____

Child Health Care Provider:

Name: _____ Phone # _____

Address: _____

Child's Health Insurance:

Name of Insurance Plan _____ ID# _____

Subscriber's name on insurance card _____

List special conditions, disabilities, allergies or medical information for emergency situations:

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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?

Parent Signature: _____

Date: _____

