ENROLLMENT FORM

Admission Date: ____/____/____ Discharge Date: ___/___/___

Parent's name: Phone:

Address: Cellphone:

City: _____ County: _____ Zip Code:

Child:

Name: _____ Age _____ DOB ___/___/___ Sex [ ]M [ ]F

Is child up to date on shots? Yes No Date of last checkup:
Is child on any type of medication? Yes No

If yes, what?

Person responsible for paying for childcare: _____
Person responsible for picking up child/ren: _____ I agree to promptly notify Kumiko of any changes to the above information.
This form is legally binding, so by signing it, you agree that all of the information provided herein is correct. Providing false information could result in termination of childcare services, forfeiture of childcare retainer, or both.

Father/Guardian's Signature	Date
Mother/Guardian's Signature	Date
Provider Name/ Daycare name Kumiko Barnes/ Pre School-Prep	Date