

Childcare Enrollment Form

Template Provided by Winnie

Child Information

Child's Full Name

Date of Birth

Age

Home Address

Start Date

Schedule of Care

Day	Start Time	End Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Parent / Guardian Information

Full Name

Phone Number

Email Address

Home Address

Employer

Work Phone

Parent / Guardian Information

Full Name

Phone Number

Email Address

Home Address

Employer

Work Phone

Medical and Health Information

Allergies

Medical Conditions

Medications

Pediatrician Name

Pediatrician Phone Number

Additional Notes (sleep routines, potty training, comfort items, etc.)

Notes

Emergency Contacts

Name	Relationship	Phone Number

Authorized Pickup List

Name	Relationship	Phone Number

Emergency Medical Consent

I authorize the childcare provider to seek medical care for my child in the event of an emergency if I cannot be reached.

Tuition and Payment Agreement

Weekly/Monthly Tuition	
Payment Due Date	

Late Fee Policy

(e.g. \$10 per day after due date, 2-day grace period)

Withdrawal Notice

(e.g. number of days notice required before ending care)

Refund Policy

(e.g. deposits, missed days, holidays)

I understand and agree to the terms outlined above.

Signature

Date

Parent/Guardian Signature

Provider Signature

Enrollment Checklist

- Registration form completed
- Emergency contacts provided
- Authorized pickup list completed
- Medical information completed
- Immunization records submitted
- Tuition agreement signed
- Parent handbook reviewed
- State-required forms attached

Disclaimer

This template is for general use. Providers should review their state licensing requirements to ensure compliance.