



Koala Bear Child Care Enrollment Application

Today's Date:	Preferred State Date:	Confirmed Start Date:

CHILD INFORMATION

First Name:	Classroom: <input type="radio"/> Rolie Polies 6w-12m <input type="radio"/> Ladybugs 12m-20m <input type="radio"/> Butterflies 20m-32m <input type="radio"/> Bumblebees 32m-4y <input type="radio"/> Fireflies 4y-5y
Middle Name:	
Last Name:	
Nicknames:	Schedule: <input checked="" type="radio"/> PHS EMPLOYEE <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F
Birthdate: Sex:	Typical Hours:

PARENT INFORMATION

Parent 1/Guardian

Parent 2/Guardian

Name:	Name:
Date of Birth:	Date of Birth:
Address:	Address:
City: Zip:	City: Zip:
Mobile Phone:	Mobile Phone:
Alt. Phone:	Alt. Phone:
Email:	Email:
Employer/Occupation:	Employer/Occupation:
Work Phone:	Work Phone:
Relationship to child:	Relationship to child: