Koala Bear Child Care Enrollment Application

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

CHILD INFORMATION

First Name:	Classroom:
Middle Name:	○ Rolie Polies 6w-12m ○ Ladybugs 12m-20m ○ Butterflies 20m-32m ○ Bumblebees 32m-4y
Last Name:	○ Fireflies 4y-5y
Nicknames:	Schedule: **O** PHS EMPLOYEE □ **M** □ **T** □ **W** □ **TH** □ **F**
Birthdate: Sex:	Typical Hours: (10 Hours Max)

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: