

Application for Enrollment



Beginning Date _____ Date of Termination _____

Child's Name _____

Date of Birth _____ Sex of child _____ Walking/Potty Trained _____

Home address _____

Mother's or legal guardian's name _____

Home phone _____ Cell phone _____

Work phone _____ Place of business _____

*If different address please note on back of page

Father's or legal guardian's name _____

Home phone _____ Cell phone _____

Work phone _____ Place of business _____

Family Email Address _____

Physican _____ address _____ phone _____

Hospital _____ address _____ phone _____

In case of emergency first contact _____

People we should call if an emergency occurs and we cannot reach the first contact.

Name _____ relationship _____

Address _____ phone _____

Name _____ relationship _____

Address _____ phone _____

Additional people authorized to pick up child _____

What hours will your child be at Hope? _____

People not authorized to pick up your child _____
