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| **CHILD ENROLLMENT APPLICATION** | |
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| **Zadie’s™ Nurturing Den** | **Zadie’s™ of the Oranges** |



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| Child’s Name: | | | | Nickname: | | | |
| Child’s Age: | **DOB:** | **Gender:  Male Female** | | | | **Child’s Last Four Digits of SSN#:** | |
| Mailing Address: | | | **City:** | | | **State:** | **Zip:** |
| Street Address, if different: | | | | | **Zip:** | **Home Phone :** | |
| Parents are:  Married  Divorced  Separated  (For special living arrangements please attach documentation) | | | | | **Person(s) Responsible for Payment :** | | |

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| Parent’s Name (1): | Parent’s Name (2): |
| Last Four Digits of SSN#: | Last Four Digits of SSN#: |
| Driver’s License: State (\_\_\_\_\_) No.: | Driver’s License: State (\_\_\_\_\_) No.: |
| Place of Employment: | Place of Employment: |
| Address of Employer: | Address of Employer: |
| Work Hours: | Work Hours: |
| Work Phone: | Work Phone: |
| Email: | Email: |

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| Names and Ages of Siblings: | List Any Allergies: |
| Special Needs of Your Child: | Name of School Previously Attended (if applicable): |

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| Parent #1 Name: | Parent #2 Name: |
| Parent #1 Cell Phone: | Parent #2 Cell Phone: |
| What time of day may we expect your child to arrive and to depart?  Mon \_\_\_\_\_:\_\_\_\_\_\_\_ – \_\_\_\_\_\_:\_\_\_\_\_\_ Tue \_\_\_\_\_:\_\_\_\_\_\_\_ – \_\_\_\_\_\_:\_\_\_\_\_\_ Wed \_\_\_\_\_:\_\_\_\_\_\_\_ – \_\_\_\_\_\_:\_\_\_\_\_\_  Thu \_\_\_\_\_:\_\_\_\_\_\_\_ – \_\_\_\_\_\_:\_\_\_\_\_\_ Fri \_\_\_\_\_\_:\_\_\_\_\_\_ – \_\_\_\_\_\_:\_\_\_\_\_\_ | |

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| Name of Child’s Physician: | Physician’s Phone Number: |
| Address of Physician: | |
| Name and phone number of at least two other persons to contact if parents cannot be reached:  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone (\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone (\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone (\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Persons who may pick up your child other than parents (include step-parents, grandparents, or other) without prior notice  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

**PHOTOGRAPHS:** May we have permission to take photographs of your child in the classroom to be used on our website, bulletin boards, newsletters, and other events only pertaining to Zadie’sTM? Yes No

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| POLICY AGREEMENT: In applying to reserve child care services for my child, I agree to abide by the policies of the Parent contract and/or Parent Handbook. In the event that I should desire to withdraw my child from the Zadie’s™ program, I agree to give written notice to the Director or Executive Director based on what is stated in the Parent Contract regarding my child’s last day of attendance at Zadie’s™. I understand that my security deposit will be applied accordingly if I adhere to the terms listed in the Termination of Services section.  Zadie’s™ does not discriminate on the basis of race, creed, color, gender, sexual orientation or national origin. |
| Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Desired Entry Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Parent’s Signature(1):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent’s Signature(2):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Office Use Only:*  *Enrollment Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Classroom:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |