

# Little Angels Preschool and Childcare

2723 Mount Zion Road, Jonesboro, GA 30236

770-968-8089 Fax 678-422-3165 email [littleangels8089@yahoo.com](mailto:littleangels8089@yahoo.com)

## Enrollment Application

Please fill in all lines, it is state law that all questions are answered.

Entrance Date: \_\_\_\_\_ Withdrawal Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Number: (\_\_\_\_) \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Number: (\_\_\_\_) \_\_\_\_\_

Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Number: (\_\_\_\_) \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Number: (\_\_\_\_) \_\_\_\_\_

Marital Status: Married Divorced Separated Widowed Other

Child Resides With: \_\_\_\_\_

Name of School Child is Attending: \_\_\_\_\_

Little Angels Preschool and Childcare agrees to provide care for my child:

Days: \_\_\_\_\_ Hours: \_\_\_\_\_ am to \_\_\_\_\_ pm

I agree to pay a weekly fee of \$\_\_\_\_\_ on each Monday morning in advance.

My child may be released to the following people including the child's Parents.

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

Should my child become ill while in the care of Little Angels or suffer an accident of any nature, the center shall call me immediately. The center is authorized to secure such medical attention and care for my child as may be necessary, the parent shall assume responsibility for payment. I agree to keep the center informed as to any changes in home, cell or work numbers, changes in employment or how I may be reached in case of an emergency.

Emergency Contacts when Parents can not be reached.

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

Physician to be contacted when Parents can not be reached.

Name: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Address: \_\_\_\_\_

Does the child have any known allergies and if so please explain:

\_\_\_\_\_

Are there any special procedures { medical or emotional} required to care for you child: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner/Director Signature

\_\_\_\_\_  
Date