

Enrollment Form

CHILD'S START DATE: _____

CHILD'S INFORMATION:

Last: _____ First: _____ Middle: _____
Child's Birth Date: _____ Sex: _____

MOTHER'S INFORMATION:

Last: _____ First: _____ Middle: _____
Address: _____ Home Phone: _____
City, Zip Code: _____ Cell Phone: _____
Place of Employment: _____ Work Phone: _____
Is the Mother permitted to remove the child from Tot Spot? Yes: _____ No: _____

FATHER'S INFORMATION:

Last: _____ First: _____ Middle: _____
Address: _____ Home Phone: _____
City, Zip Code: _____ Cell Phone: _____
Place of Employment: _____ Work Phone: _____
Is the Father permitted to remove the child from Tot Spot? Yes: _____ No: _____

PERSONS ALLOWED TO PICK UP YOUR CHILD FROM TOT SPOT WITH YOUR CONSENT:

Name: _____ 1) Phone: _____
Relation to child: _____ 2) Phone: _____
Name: _____ 1) Phone: _____
Relation to child: _____ 2) Phone: _____
Name: _____ 1) Phone: _____
Relation to child: _____ 2) Phone: _____

Are the above named people allowed to pick up your child in case of emergency? Yes: ___ No: ___

OTHER COMMENTS OR SPECIAL INSTRUCTIONS REGARDING EATING, TOILET HABITS OR AREAS OF CONCERN, INCLUDING ALLERGIES TO FOOD OR MEDICINE:

