



Application for Enrollment

Parent/Guardian Information

Registration Date: _____

Mother/Guardian First Name: _____ M.I. _____ Last Name: _____

Address: _____

Occupation: _____ Home Phone: _____

Employed By: _____ Office Phone: _____

Work Hours: _____ Cell Phone: _____ Cell Phone Carrier: _____

Custodial Parent (If married, mark both parents) Email: _____

Marital Status: Married Single Divorced Separated Widowed Other _____

Father/Guardian First Name: _____ M.I. _____ Last Name: _____

Address: _____

Occupation: _____ Home Phone: _____

Employed By: _____ Office Phone: _____

Work Hours: _____ Cell Phone: _____ Cell Phone Carrier: _____

Custodial Parent (If married, mark both parents) Email: _____

Marital Status: Married Single Divorced Separated Widowed Other _____

School Information

Please mark your child's school district: Charlotte Valley Oneonta Other, please list: _____

Anticipated Child Care Schedule

Anticipated Start Date: _____

Hours of Operation: Monday – Friday 7:00 am–5:30 pm

	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
Arrive at:					
Depart at:					



Child Information

1st Child First Name: _____ M.I. ____ Last Name: _____

Name child prefers to be called: _____

Child's Address: _____

Gender: Male Female Date of Birth: _____

List any existing medical conditions, medication and/or special attention your child may require.

Allergies: _____

2nd Child First Name: _____ M.I. ____ Last Name: _____

Name child prefers to be called: _____

Child's Address: _____

Gender: Male Female Date of Birth: _____

List any existing medical conditions, medication and/or special attention your child may require.

Allergies: _____

3rd Child First Name: _____ M.I. ____ Last Name: _____

Name child prefers to be called: _____

Child's Address: _____

Gender: Male Female Date of Birth: _____

List any existing medical conditions, medication and/or special attention your child may require.

Allergies: _____

4th Child First Name: _____ M.I. ____ Last Name: _____

Name child prefers to be called: _____

Child's Address: _____

Gender: Male Female Date of Birth: _____

List any existing medical conditions, medication and/or special attention your child may require.

Allergies: _____



Sissy's Little Lambs Children's Center

383 Delaware County Highway 11

Oneonta, NY 13820

(607) 432-6260

lillambsCenter@yahoo.com

www.littlelambsChildrenscenter.org

Authorized Pickup Persons for: _____

1st Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____

Able to pick up all children in the family

Not able to pick up the following children: _____

2nd Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____

Able to pick up all children in the family

Not able to pick up the following children: _____

3rd Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____

Able to pick up all children in the family

Not able to pick up the following children: _____

4th Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____

Able to pick up all children in the family

Not able to pick up the following children: _____

Additional Comments & Information:

Is there any other information that would be helpful to our management and teaching staff?

Sissy's Little Lambs Children's Center is an Equal Opportunity Program that welcomes and admits children of any race, color, religion, sex, national or ethnic origin, physical and/or mental disability. Please be aware that all information on this form will remain strictly confidential. This application for enrollment is one of several forms to be completed in order to enroll your child/children at Sissy's Little Lambs Children's Center.

Signature:

Parent's Signature: _____ Date: _____

Thank You!