

Dilley Beans Daycare

Parent-Provider Contract/Enrollment Form

Date _____

Child's Name _____ **Birth Date** _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____

Any allergies or health issues _____

Current medications? _____

Are there legal custody papers for this child? [] Yes [] No If yes, a copy must be left in child's file

Parent/Guardian Name _____

Driver's License # _____ Social Sec. # _____ Phone _____

Home Address _____ Cell _____

City _____ State _____ Zip _____

Employer _____ Wk. Phone _____

Employer Address _____

E-mail Address _____

Parent/Guardian Name _____

Driver's License # _____ Social Sec. # _____ Phone _____

Home Address _____ Cell _____

City _____ State _____ Zip _____

Employer _____ Wk. Phone _____

Employer Address _____

E-mail Address _____

Emergency Contact (other than self)

Name _____ Phone 1 _____

Address _____ Phone 2 _____

People authorized to pick up child(ren) – Names & Phone Numbers

1. _____

2. _____

3. _____

4. _____

Doctor's Name _____ Phone _____ Address _____

Dentist's Name _____ Phone _____ Address _____

What hospital do you prefer? _____

Health Insurance Information:

Provider _____ Policy Number _____

_____ (initial here) A current health insurance card has been copied for my child's file.

First Day of Enrollment: _____ Last Day of Enrollment: _____

Dilley Beans Daycare has my permission to obtain emergency medical treatment and transportation for my child(ren) by ambulance for emergency medical treatment. I understand I will be responsible for all costs related to ambulance transportation.

I agree that this form will remain in effect during the term of my child's enrollment. By signing below, I also agree that this is a legally binding form, and providing false information could be grounds for termination of childcare services, forfeiture of retainer, or both.

Father/Guardian Signature _____ Date _____

Mother/Guardian Signature _____ Date _____

Provider Signature _____ Date _____