

# Beacon of Hope Child Care and Learning Center

Enrollment Application

386-3512

Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Child goes by \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Social Security Number \_\_\_-\_\_\_-\_\_\_

Mother/Female Guardian \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_

Father/Male Guardian \_\_\_\_\_

Address(if different from mother) \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Hospital Requested In Case Of Emergency \_\_\_\_\_

Family Dentist \_\_\_\_\_ Phone Number \_\_\_\_\_

In Case Of An Emergency Contact \_\_\_\_\_

Phone \_\_\_\_\_ Relation To Child \_\_\_\_\_

Child May Be Released To:

1. \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

2. \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Signature Of Both Parents Or Guardians

Mother \_\_\_\_\_ Father \_\_\_\_\_ Date \_\_\_\_\_