



Two by Two Child-Care Ministry

Enrollment Application

2015-2016

Child's Information

Name:
Address:
Date of Birth:
Child's physician:
Office phone:
Child's allergies:
Medical conditions:
Custody Arrangement:

Emergency Contacts

1. Name:	
Relationship:	Phone:
2. Name:	
Relationship:	Phone:
3. Name:	
Relationship:	Phone:

Mother's Information

Name:
Child resides with:
Phone(s):
Occupation(s):
Work Phone(s):
Days/hours child care is needed:

Father's Information

Name(s):
Child resides with:
Phone(s):
Occupation(s):
Work Phone(s):
Days/hours child care is needed:

Authorization for child's release

Children will only be released to the following persons, including emergency contacts:

1. Name/Phone:
2. Name/Phone:
3. Name/Phone:
4. Name/Phone:

Please fill out completely and include copies of your child's up to date immunization record, physician physical, birth certificate, and medical insurance card. Please include the one time enrollment fee of \$50.00 per family with your packet.