**WITTLE LIZZIE CHILDCARE CENTER**

Child Enrollment Form

Please fill out this form and send it to wittlelizziechildcarecenter@yahoo.com

Thank you for your interest in Wittle Lizzie Childcare Center!. We are excited to welcome your little one(s) to our program. We understand that choosing the right daycare provider is a major decision. Our Childcare Center follows all NYS Rules and Regulations at all times. Our team here at Wittle Lizzie is devoted to providing the highest quality care for your child/children.

Following submission of this completed form, an employee will contact you within a reasonable amount of time to set up an appointment/interview to finish enrollment of your child/children. It can take up to two weeks after this completion for your child/children’s start date to be set due to needing medical clearance from their pediatrician.

 **\*WE WORK WITH BOTH DSS & WDI\***

Thank You!

**Childs Information:**

Child’s Full Name:

Child’s Preferred Name/Nickname

Date of Birth:

Gender:

Child’s Home Address:

Grade in School (If Applicable):

Pediatricians’ Name & Telephone Number:

Allergies:

Special Needs/Considerations of Child:

**Parent/Guardians Information:**

Name Of Person Enrolling Child:

Relationship To Child:

Phone Number(s) of person enrolling child:

Okay to Text:

Email Address:

Address of person enrolling child (if different than child):

**Emergency Contacts/Other:**

**Emergency Contact Name:**

Relationship to Child:

Phone Number:

**Emergency Contacts/Other:**

Emergency Contact Name:

Relationship to Child:

Phone Number:

**Name of persons (Other than parent/guardian) Allowed to pick up child:**

Relationship to Child:

Phone Number:

**Desired Schedule:**

Desired Days or Care:

Desired Hours of Care:

Date you would like services to begin:

Date you would like services to end:

**Parent/Guardian Signature: Date:**