Waterville Valley Child Care
Enrollment Form

Child's Name:_____ **Age:**_____ **DOB:**_____
(please print)

Parent/Guardian's Name:_____
(Only Parents/ Guardians listed can do end of day pick up)
Home Address: Street:_____

State:_____ZIP Code:_____

Local Lodging:_____

Home Phone: _____ **Cell/ Local Phone :** Name:_____

Number:_____

If neither Parent can be reached in case of an emergency, please contact:

Name:_____ Phone: _____

Does Your Child:

Does your child have any allergies? If yes, please explain:_____

_____

Does your child have a disability that requires special attention?: If yes, please

Explain:_____

Have any special dietary requirements?_____

Have a special toy with him/her?_____

Have a special toileting or napping habits?_____

Is your child in good health and free from any communicable diseases? If no, please

Explain:_____

Is there any other information that would be helpful to us:_____

_____

_____ _____
Signature of Parent/ Guardian **Date**

Initials	Date	Initials	Date	Initials	Date	Initials	Date