



BETHEL DAYCARE MINISTRY
ENROLLMENT FORM



Child's Name: _____
Last First Middle Nickname

Sex: M / F Date of Birth: _____ Age: _____ Grade: _____

Dr.: _____ Phone #: _____ / DDS: _____ Phone #: _____
(Name) (Name)

Allergies: _____

Father's Name: _____
Last First Middle Initial

Address: _____
Number & Street City Zip Code

Home Phone #: _____ Cell #: _____

E-mail Address: _____

Name of Employer: _____ Phone # of Employer: _____

Mother's Name: _____
Last First Middle initial

Address: _____
Number & Street City Zip Code

Home Phone #: _____ Cell #: _____

Email Address: _____

Name of Employer: _____ Phone # of Employer: _____

Daily Schedule: Arrival Time: _____ Departure Time: _____

Planned Schedule of Attendance: M T W Th F

I will not hold Bethel Daycare Ministry responsible for any illness or accidental injury to my child received when in attendance at the Daycare. I authorize release of my child for emergency medical care in case of an accident while in attendance at the Daycare.

Signature of Parent or Guardian

Date you wish to begin: _____

Today's Date: _____