



Day Care Center Enrollment

Child's Full Name:	Date of Birth:
Allergies:	
School Attending:	Grade Entering:
Address:	
Father:	
Email:	Mobile Phone:
Employer:	Work Phone:
Mother:	
Email:	Mobile Phone:
Employer:	Work Phone:
<i>Alternative Contacts (if neither parent can be reached)</i>	
Name (primary):	Phone:
Relationship:	
Name (secondary):	Phone:
Relationship:	
<i>Other Contacts</i>	
Physician:	Phone:
Hospital (preferred):	
Dentist:	Phone:

112 N. Border Street, Troy, IL 62294; 618.667.2173

Print & complete form prior to Discovery Meeting

Revised 1/18/20