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FOOTPRINTS IN THE SAND DAYCARE

Application for Enrollment



Non-refundable registration fee is \$45.00/first child, \$60.00 for 2 children, along with a one week in advance payment (advanced fee charged is regular weekly fee).

Name: (parent/guardian) _____

Address: _____

Phone number: (H) _____
(C) _____
(W) _____

Emergency contact _____
Phone number _____

How many children: _____

Start date for child care needed: _____

Child's name _____

Age: _____ DOB: _____

Full time: _____ Part time: _____ School age: _____

Days (please enter drop off):
M _____ T _____ W _____ Th _____ F _____

Days (please enter pick up times):
M _____ T _____ W _____ Th _____ F _____

ALLERGIES: _____

Special needs: _____

Does your child have an IEP or IFSP _____

Are you willing to have them assist in child care transition and/or daily routine?

Yes _____ No _____

Please provide a current IEP or IFSP contact information _____

Child's name _____

Age: _____ DOB: _____

Full time: _____ Part time: _____ School age: _____

Days (please enter drop off):
M _____ T _____ W _____ Th _____ F _____

Days (please enter pick up times):
M _____ T _____ W _____ Th _____ F _____

Special needs: _____

ALLERGIES: _____

Does your child have an IEP or IFSP _____

Are you willing to have them assist in child care transition and/or daily routine?

Yes _____ No _____

Please provide a current IEP or IFSP contact information _____

Child's name _____

Age: _____ **DOB:** _____

Full time: _____ **Part time:** _____ **School age:** _____

Days (please enter drop off):

M _____ **T** _____ **W** _____ **Th** _____ **F** _____

Days (please enter pick up times):

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ALLERGIES: _____

Special needs: _____

Does your child have an IEP or IFSP _____

Are you willing to have them assist in child care transition and/or daily routine?

Yes _____ No _____

Please provide a current IEP or IFSP contact information _____

Child's name _____

Age: _____ **DOB:** _____

Full time: _____ **Part time:** _____ **School age:** _____

Days (please enter drop off):

M _____ **T** _____ **W** _____ **Th** _____ **F** _____

Days (please enter pick up times):

M _____ **T** _____ **W** _____ **Th** _____ **F** _____

ALLERGIES: _____

Special needs: _____

Does your child have an IEP or IFSP _____

Are you willing to have them assist in child care transition and/or daily routine?

Yes _____ No _____

Please provide a current IEP or IFSP contact information _____

Any additional comments:

Office use only :