

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/gua	rdian)		
Address:			
Phone number: (H)	·		
(W	()		
Emergency co	ontact		
P	hone number		
How many children	ı:		
Start date for child	care needed:		
Child's name			Calcada
Age:	· · · · · · · · · · · · · · · · · · ·	_DOB: _	
Full time:	Part time:		School age:
Days (please enter o	drop off):		
M T	W	Th	F
Days (please enter)			
M T		Th	F
ALLERGIES:			
Special needs:			
Does your child have	e an IEP or IFS	P	
Are you willing to have	e them assist in chil	ld care tran	sition and/or daily routine?
Yes N			
Please provide a curre	nt IEP or IFSP con	tact inform	ation
Child's name			
Age:		_DOB:	
			School age:
Days (please enter o			_
		Th	F
Days (please enter)			
M T	W	Th	F
Special needs:			

ALLERGIES:			
Does your child hav	e an IEP or I	FSP	
Are you willing to have	them assist in	child care tran	sition and/or daily routine?
Yes No)		
Please provide a curren	it IEP or IFSP o	contact inform	ation
Child's name			
Age:		DOB:	
Full time:	Part tim	e:	School age:
Days (please enter d			_
-	_	Th	F
Days (please enter p			
			F
ALLERGIES:			
Special needs:			
Does your child hav			
			sition and/or daily routine?
Yes No			sition and/or daily routine.
Please provide a curren	it IEP or IFSP (contact inform	ation
Child's name			
Child's name		DOR:	
Full time:	Part tim	DOD	School age:
		.c	School age
Days (please enter d	_	Th	F
			F
Days (please enter p			T
			F
ALLERGIES:			
Special needs:			
Does your child hav			
			sition and/or daily routine?
YesNo			
Please provide a curren	it IEP or IFSP (contact inform	ation
A J J'4' 1	4		
Any additional com	ments:		

Office use only: