

Robert E. Lee Academy Daycare Application for Enrollment

Child's Name:	Nickname:	
Child's Address:		
Phone Number:	Date of Birth:	
Date of Enrollment:	Age at Time of Enrollment:	
Number of Days attending Day Care:	Arrival Time:	Departure Time:
Mother/Guardian:	Home Phone:	
Employer:	Work Phone:	
Father/Guardian:	Home Phone:	
Employer:	Work Phone:	
Emergency Contact: Other than Parent or Doctor		
Phone Numbers Most Likely to be Reached:		
Address:		
My child has the following allergies and/or special needs:		
Please list any hobbies or interests your child might have:		
The child will be released only to the person signing this application and the following persons:		
Name:	Phone:	
Relationship:		
Name:	Phone:	
Relationship:		

Signature

Date