



Little Beans Childcare, LLC

Enrollment Application

Child's Name: _____

Birthday: _____

Requested Enrollment Date: _____

Address:

Please indicate the program desired and the days you wish your child to attend:
(Circle one in each column)

PROGRAM		DAYS per Week
Infant	6 months – 18 months	
Toddler	18 months – 3 years	
Toddler/Preschool	3 years – 5 years	

Estimated Arrival Time _____ Estimated Departure Time _____

Mother's Information (Guardian #1)

Mother's Name: _____

Work Phone: _____ Cell Phone: _____

Place of Employment: _____

Phone # Company: _____

Email Address: _____

Address (If different from child/ren): _____

Father's Information (Guardian #2)

Father's Name: _____



Little Beans Childcare, LLC

Work Phone: _____ Cell Phone: _____

Place of Employment: _____

Phone # Company: _____

Email Address: _____

Address (If different from child/ren) _____

In Case of Emergency:

Doctor's Name: _____ Phone: _____

Address _____

Person(s) Responsible for Tuition Payments: _____

List person(s) to be notified in an emergency or illness if parents/legal guardian are not available:

Name: _____ Relationship: _____

Phone: _____

Name: _____ Relationship: _____

Phone: _____

(All signatures required)

Parent/Legal Guardian:

_____ Date _____

Parent/Legal Guardian:

_____ Date _____