

LITTLE KINGS & QUEENS CHILD CARE ENROLLMENT APPLICATION

Check the enrollment location	___ East Ridge, TN	___ Rossville, GA
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GUARDIAN INFORMATION

Mother/Guardian Name:		SS#
Address:		
City:		State: Zip Code:
Phone:	Cell:	Email Address:
Employer:		
Address:		
Work Days:	Work Hours:	Work Phone:

GUARDIAN INFORMATION

Father/Guardian Name:		SS#
Address:		
City:		State: Zip Code:
Phone:	Cell:	Email Address:
Employer:		
Address:		
Work Days:	Work Hours:	Work Phone:

ADMISSION INFORMATION

Admission Date:	How many children do you want to enroll:		
CHILD'S NAME	AGE	BIRTHDATE	SS#
1.			
2.			
3.			
4.			
5.			

WHO MAY PICK UP MY CHILDREN

NAME	RELATIONSHIP TO CHILD	PHONE

WHO MAY NOT PICK UP MY CHILDREN

Name:	Phone:
Name:	Phone:

EMERGENCY CONTACT (If the parent(s)/guardian(s) cannot be reached)

Name	Relationship to Child	Phone

MOTHER/FATHER/GUARDIAN SIGNATURE

Print Name:	
Signature:	Date: