

# Enrollment Form

Laetitia Craig's Home Daycare  
4261 Hammock Drive South  
Colorado Springs, Colorado 80917

(719) 573-9401

Child's Name: \_\_\_\_\_ Date of Enrollment \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Enrollment \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Address (if different): \_\_\_\_\_

Mother's Place of Employment: \_\_\_\_\_

Work Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Address (if different): \_\_\_\_\_

Father's Place of Employment: \_\_\_\_\_

Work Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contacts:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Information:

Pediatrician: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital: \_\_\_\_\_

Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_

Special Care Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_