

SAPPINGTON CHILD CARE CENTER
9915 EMIL AVENUE
ST. LOUIS, MO 63126
314-843-4971

CHILD ENROLLMENT FORM

Child's Last Name _____ First Name _____ Sex: M F

Date of Birth _____ Full Time _____ Part Time _____ Days Attending: M T W Th F

Parent Information:

Full Name _____ Full Name _____

Home Address _____ Home Address _____

City/Zip _____ City/Zip _____

Home Phone () _____ Home Phone () _____

Cell () _____ Cell () _____

Social Security No. _____ Social Security No. _____

Date of Birth _____ Date of Birth _____

Employer _____ Employer _____

Occupation _____ Occupation _____

Work Address _____ Work Address _____

Work Phone _____ Work Phone _____

Hours of Employment _____ Hours of Employment _____

Status of Parents: () Single () Married () Partners () Separated () Divorced

AUTHORIZED ESCORTS:

Name _____ Home # _____ Work # _____ Cell # _____

(Emergency contact if parent cannot be reached) Address _____ Relation to Child _____

Name _____ Home # _____ Work # _____ Cell # _____

Name _____ Home # _____ Work # _____ Cell # _____

Name _____ Home # _____ Work # _____ Cell # _____

Preferred Hospital _____ Phone _____

Comments on Child's Development (allergies, habits, fears, special needs, etc.) _____

Has Child had Previous Child Care Experience? If yes where? _____

How Did You Hear About Sappington Child Care Center ___? _____

FOR OFFICE USE ONLY

Admission Date _____ Days Enrolled: M T W Th F Registration Fee Paid _____

Withdrawal Date _____