

Grace Child Care Center
7230 Quivira Road
Shawnee, KS 66216

APPLICATION FOR ENROLLMENT

Date _____

Child's Last Name _____ First _____ Middle _____ Sex _____

Date of Birth _____ Home Phone _____

Allergies _____

Home Address _____

Father's Last Name _____ First _____

Place of Employment _____

Business Phone _____ Cell Phone _____

Business Address _____

Home Address and Phone (if different from child)

Mother's Last Name _____ First _____

Place of Employment _____

Business Phone _____ Cell Phone _____

Business Address _____

Home Address and Phone (if different from child)

Other Children in Family:

Name _____ Age/Grade _____ School _____

Name _____ Age/Grade _____ School _____

Name _____ Age/Grade _____ School _____

(See page 2)

How did you hear about Grace Child Care Center? _____

Briefly tell what you hope your child will gain from attending Grace Child Care. _____

Briefly describe your child, without any reference to physical attributes. _____

Is your child potty trained? _____

What are your child's favorite activities/interests? _____

Emergency Contacts (please provide 2)

Name _____ Relationship _____

Phone _____ Address _____

Name _____ Relationship _____

Phone _____ Address _____

Is anyone specifically denied permission to see the child?

Authorized Pickup (other than Mother or Father)

Name _____ Phone _____

Name _____ Phone _____

Is there any other information you would like us to know about your child(ren)?

Signature of Parent or Guardian _____

Please call 913-268-6301 to set up an appointment.

Thank you.