MS APRIL'S APPLE TREE
DAYCARE ENROLLMENT FORM

1761 W 63rd St., Tulsa, OK 74132

1. CHILD INFORMATION

Child's Full Legal Name: _____

Preferred Name/Nickname: _____ Date of Birth: _____

Age: _____ Home Address: _____

City: _____ State: _____ ZIP: _____

2. PARENT / GUARDIAN INFORMATION

Parent/Guardian 1: _____

Relationship: _____ Phone: _____ Email: _____

Parent/Guardian 2: _____

Relationship: _____ Phone: _____ Email: _____

3. EMERGENCY CONTACTS

Emergency Contact 1: _____ Relationship: _____

Phone: _____ Alternate: _____

Emergency Contact 2: _____ Relationship: _____

Phone: _____ Alternate: _____

4. AUTHORIZED PICKUP / RELEASE

Only people authorized by the parent/guardian may pick up the child. Identification may be required.

1. Name: _____ Relationship: _____ Phone: _____

2. Name: _____ Relationship: _____ Phone: _____

3. Name: _____ Relationship: _____ Phone: _____

4. Name: _____ Relationship: _____ Phone: _____

5. HEALTH & MEDICAL INFORMATION

Primary Healthcare Provider: _____

Provider Phone: _____

Relevant health information/medical needs: _____

_____

Current medications (if any): _____

6. ALLERGIES & DIETARY NEEDS

Food/Medication/Environmental Allergies: _____

_____

Dietary restrictions or special meal needs: _____

_____

Emergency instructions related to allergies: _____

7. ENROLLMENT & SCHEDULE

Requested Start Date: _____

Schedule: ■ Monday ■ Tuesday ■ Wednesday ■ Thursday ■ Friday

Preferred Arrival Time: _____ Preferred Pickup Time: _____

Enrollment: ■ Full-Time ■ Part-Time ■ Other: _____

8. CHILD ROUTINES & ADDITIONAL INFORMATION

Routines, interests, comfort needs, special needs, or other important information:

_____

_____

_____

9. TRANSPORTATION — OPTIONAL

Transportation may be available as an optional service, subject to availability and an additional fee. Final arrangements must be confirmed with the daycare.

Transportation Needed: ■ Yes ■ No

Pickup Address: _____

Drop-Off Address: _____

Preferred Pickup/Drop-Off Time: _____

10. PARENT / GUARDIAN ACKNOWLEDGMENT

I certify that the information provided on this form is accurate to the best of my knowledge. I understand that I am responsible for informing Ms April's Apple Tree of any changes to my child's health, emergency contacts, authorized pickup persons, schedule, or other important information.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Daycare Staff Name: _____

Daycare Staff Signature: _____ Date: _____