

TAMMY'S LITTLE ANGELS LEARNING CENTER
3936 W. Calvert CT., Wichita, KS. 67217

CHILD ENROLLMENT RECORD

Child's Name: _____ Gender _____ Birthday _____

Home Address: _____ Home Phone _____

Basic Information:

Mother/Guardian's Name: _____

Home Phone: _____

Address: _____

Date of Birth: _____ Soc. Sec. # _____

Employer: _____ Hrs. from _____ to _____

Employer Address: _____

Business Phone: _____

Father/Guardian's Name: _____

Home Phone: _____

Address: _____

Date of Birth: _____ Soc. Sec. # _____

Employer: _____ Hrs. from _____ to _____

Employer Address: _____

Business Phone: _____

Date child entered care: _____

Date child left care: _____

Special instructions: _____

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CHILD ENROLLMENT RECORD

Additional Children

Child's Name: _____ Gender _____ Birthday _____

Home Address: _____ Home Phone _____

Date child entered care: _____

Date child left care: _____

Special instructions: _____

Child's Name: _____ Gender _____ Birthday _____

Home Address: _____ Home Phone _____

Date child entered care: _____

Date child left care: _____

Special instructions: _____

Child's Name: _____ Gender _____ Birthday _____

Home Address: _____ Home Phone _____

Date child entered care: _____

Date child left care: _____

Special instructions: _____

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