

Eileen L. Ortado, Ortado Family Child Care dba Little Learners Child Care
ENROLLMENT FORM

Child's Name	_____	Birth Date	_____
Child's Name	_____	Birth Date	_____
Child's Name	_____	Birth Date	_____
Child's Name	_____	Birth Date	_____

Mother's Name	_____	Phone Number	_____
Address	_____	Zip Code	_____
E-mail Address	_____		
Social Security Number	_____	Ethnic Origin	_____
Employer	_____	Phone Number	_____

Father's Name	_____	Phone Number	_____
Address	_____	Zip Code	_____
E-mail Address	_____		
Social Security Number	_____	Ethnic Origin	_____
Employer	_____	Phone Number	_____

Children will be released only to their parent and Emergency Contacts

Emergency Contact	_____	Phone Number	_____
Address	_____	Relationship	_____
City:	_____	State	_____
	_____	Zip Code	_____
Other	_____		
Employer	_____	Phone Number	_____

Emergency Contact	_____	Phone Number	_____
Address	_____	Relationship	_____
City:	_____	State	_____
	_____	Zip Code	_____
Other	_____		
Employer	_____	Phone Number	_____

Emergency Contact	_____	Phone Number	_____
Address	_____	Relationship	_____
City:	_____	State	_____
	_____	Zip Code	_____
Other	_____		
Employer	_____	Phone Number	_____

Medical Information & Release

Physician Name	_____	Phone Number	_____
Does your Child have any special needs or allergies? Yes No (please circle one)			
If so please explain _____			

Eileen L. Ortado, Ortado Family Child Care

By signing this form I hereby give permission to _____ to have my child seen and treated by my physician, any hospital personnel or any other emergency medical personnel they may deem necessary. I also understand that I am responsible for the payment of those services.

Transportation

I give / I do not give _____ permission to walk or transport my child on field trips. They may also walk or transport my child to their neighborhood school _____.

Financial Terms

Full Tuition Rate	_____	Pre-Pay Tuition Rate	_____	Co-Payment	_____
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Return Checks - a fee of \$40.00 will be charges for any returned check.
Notice of With Drawl - we must receive two weeks written notice prior to with drawl of your child from Eileen L Ortado, Ortado family Child Care You will be charged for two weeks.

Parent's Signature	_____	Date	_____
Parent's Signature	_____	Date	_____
Director's Signature	_____	Date	_____