

COUNTRY CARE
LICENSED TYPE II DAYCARE
JUETTA POTTER, DIRECTOR

CHILD'S ENROLLMENT FORM

Name(s) of Child(ren)	Date of Birth	Hours of Care	Start Date	State Subsidized
_____	_____	_____	_____	Yes__ No__
_____	_____	_____	_____	Yes__ No__
_____	_____	_____	_____	Yes__ No__
_____	_____	_____	_____	Yes__ No__

Name and Home Address of Parent/Guardian Home Phone

Name and Place of Employment of Mother Work Phone

Name and Place of Employment of Father Work Phone

Is child related to Provider (Gene or Juetta Potter)? ____ What Relationship _____

Authorized Escort other than parents Phone Number

Authorized Escort other than parents Phone Number

Authorized Escort other than parents Phone Number

Emergency Contact Person Phone Number

Rate of Payment: \$ _____ per Day ____ Week ____ Month ____

Payment Due On: _____

Continued on back
See back for Signature

