

# NEW ENROLLMENT FORM

Enrolling Parent: \_\_\_\_\_

Parent Work Schedule: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Shift: AM PM ON *(Please circle one)*

Enrollment Date: \_\_\_\_\_

Please circle one: DHS or Private

Start Date: \_\_\_\_\_

DHS Caseworker: \_\_\_\_\_

Enrolled By: \_\_\_\_\_

Caseworker Verification: F23 B23 W5 W6  
*Please initial once verified.* \_\_\_\_\_

The following information and forms are needed before child(ren) can stay:

Child information Sheet

Food Form Contract

Signed Parent Agreement with Director's Authorization

Up to Date  
Immunization

Enrollment Fee ( \$25 per child \$50 per family)

Date Paid: \_\_\_\_\_

Week of Tuition Paid in Full

OR

Working EBT Card and Co-pay Paid in Full (if applicable)

Transportation Information:

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Please circle one: AM PM All Day

Notes:

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