

Little Adventures Child Care Center Enrollment Form



#1 Child's Name _____

Age _____ Date of Birth _____

Circle Days to Attend: Monday Tuesday Wednesday Thursday Friday

#2 Child's Name _____

Age _____ Date of Birth _____

Circle Days to Attend: Monday Tuesday Wednesday Thursday Friday

#3 Child's Name _____

Age _____ Date of Birth _____

Circle Days to Attend: Monday Tuesday Wednesday Thursday Friday

Mother and Father are: Married / Separated / Divorced / Single

Today's Date _____ **Start Date** _____

AM Drop off time: _____ PM Pick up time _____

Mother's Name _____ Cell # _____

Home Address _____

Employer _____ Work # _____

Mother's Email Address _____

Father's Name _____ Cell # _____

Home Address (if different) _____

Employer _____ Work # _____

Father's Email Address _____

Signature of Parent _____

*****Please mail this enrollment form along with the \$100 registration fee to:
Little Adventures Child Care Center
708 Whitetail Blvd.
River Falls, WI 54022**

Phone: 715-425-6757 Email: littleadventureschildcare@gmail.com Web: littleadventuresdaycare.com