

Truks-N-Trykes 2 Daycare Enrollment

605-274-0404

Child's Name _____ Birth Date _____

Home Address _____

Allergies and other Medical Conditions (ex. Asthma, diabetes, epilepsy, physical limitations, etc.) _____

How did you hear about TNT2? _____

Previous Child Care Placement? Yes No Location
(optional) _____

Parent/Guardian Name _____ **Home Phone** _____

Place of Work _____ **Work Phone** _____

Parent/Guardian Name _____ **Home Phone** _____

Place of Work _____ **Work Phone** _____

Is anyone restricted from seeing the child(ren)? If so, please list.

In an emergency contact:

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Additional information you would like to share about your child: _____

I/We, the undersigned, acknowledge that I/we have been provided a copy of TNT2 Daycare Center Parent information/handbook. I/we have read, understand, and agree to cooperate and assist the staff and personnel to promote further the development of my/our child(ren) while in the care of Truks-N-Trykes 2 Daycare Center.

Child(ren): _____

Parent(s)/Guardian (s) _____

Date _____