

Reg. Pd: _____

Start Date: _____

Truks-N-Trykes PlayCare Enrollment

3400 S Centerfield Placement
Sioux Falls, SD 57110
605-371-9770

Child's Name _____ Birth Date _____

Child's Name _____ Birth Date _____

Child's Name _____ Birth Date _____

Home Address _____

Schedule: (circle one) Full Time Part Time _____

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

How did you hear about us? _____

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

Parent/Guardian Name _____ Cell Phone _____

Place of Work _____ Work Phone _____

Email address: _____

Parent/Guardian Name _____ Cell Phone _____

Place of Work _____ Work Phone _____

Email Address: _____

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

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

I/we, the undersigned, acknowledge that I/we have been provided a copy of TNT 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 Daycare Center. (found on www.truks-n-trykes2.com)

Child(ren): _____

Parent(s)/Guardian (s) _____

Date _____