



Parkview Christian Childcare Center

ENROLLMENT CONTRACT

Dear Parent:

Our Primary responsibility is the care and well-being of your child while s/he is with us. This form must be completely filled out before your child can be enrolled in our center.

~Thank you!

Caregiver's Name Parkview Christian Childcare Center		Address 1100 E. Lake Shore Dr. #B, Waco, TX 76708	
Child's Name		Date of Birth	Child's Home Telephone No.
Child's Address (City, State, & Zip Code)			Last Childcare Attended
Date of Admission	Date of Withdrawal	Hours and Days Child Will Be In Care	
Child's Living Arrangements: Both Parents Mother Father Other (Specify) _____			
Mother's/Guardian Name		Address & Phone Number (if different from child's)	
Mothers/Guardian Place of Employment		Work Address & Phone Number	
Father's/Second Guardian's Name		Address & Phone Number (if different from child's)	
Fathers/Guardian's Place of Employment		Work Address & Phone Number	

____ Parent/Guardian Initials ____ Staff Initials