



JB DAY NURSERY

17505 Russell • Allen Park, MI 48101
On Southfield Expressway Service Drive Near Outer Dr.
(313) 561-4350
www.jbdaynursery.com

ENROLLMENT FORM

CHILD'S NAME _____ PHONE _____ BIRTHDATE _____
Last First MI

ADDRESS _____ CITY _____ ZIP _____
Number & Street

MOTHER'S NAME _____ BUSINESS PHONE _____ HOURS _____

MOTHER'S EMPLOYER _____ ADDRESS _____
Number & Street City Zip

FATHER'S NAME _____ BUSINESS PHONE _____ HOURS _____

FATHER'S EMPLOYER _____ ADDRESS _____
Number & Street City Zip

MARITAL STAU: MARRIED WIDOWED SEPERATED DIVORCED OTHER: _____

RELIGIOUS AFFILIATION _____

NAMES OF PERSONS WHO MAY PICK UP CHILD	PHONE	AGE	RELATIONSHIP
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

AT APPROXIMATELY WHAT TIME WILL YOUR CHILD BE ARRIVING _____ LEAVING _____

CHILD'S PHYSICIAN _____ PHONE _____

ADDRESS _____ HOSPITAL _____

CHILD'S ALLERGIES _____

HEALTH INSURANCE CO. _____ POLICY NO. _____

GIVE ANOTHER PERSON WE MAY CONTACT IN EMERGENCY _____

ADDRESS _____ PHONE RELATIONSHIP _____

PERMISSION SLIP

I hereby give permission to the JB Day Nursery to secure emergency medical and/or emergency surgical treatment for above enrolled child while in thier care.

Signature of Parent or Guardian

Date