



TINY TYKES OF THREE LAKES DAYCARE
6930 WEST SCHOOL STREET
THREE LAKES, WI 54562
715-891-8067
WWW.TINYTYKES.ORG

Child's Info (Please Print)

Proposed Date Of Admission _____

Last Name

First Name

Middle Name

Preferred Name

Gender Male Female

Date Of Birth

Parent/Guardian Info

Mr./Mrs.

First Name

Middle Name

Last Name

Street

City

Zip Code

Home Phone

Mother Cell Phone

Father Cell Phone

Person 1 Responsible For This Child

Address (If Different From Above)

Relationship To Child

Employer/Company

Occupation

Work Phone

Extension

Address Of Employer

Person 2 Responsible For This Child

Address (If Different From Above)

Relationship To Child

Employer/Company

Occupation

Work Phone

Extension

Address Of Employer

Child Lives With Both Parents Mother Only Father Only Legal Guardian Other

If Other, please specify _____

Emergency Contact Info

Emergency Phone Number Person At This Number Relationship To Child

Medical Info

Doctor's Name Phone Number Hospital Preference

Is this child taking any medication? Yes No Explain _____

Indicate any health disorder which Tiny Tykes should be aware of _____

I have provided a certificate of immunization from child's doctor Yes No (Office Use _____)

Known Allergies

Pick-Up List (These individuals have permission to pick up your child from daycare)

Name	Phone Number	Relationship
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

How did you hear about Tiny Tykes? _____

May we use images of your child on our website, in social media, or for marketing purposes Yes No

I, the parent/guardian of the child listed above, have read the policy book given to me with enrollment papers. I have read, understand, and agree to the policies implemented at the Tiny Tykes of Three Lakes. By signing this I agree to follow the policies.

Signature _____ Date _____