

IU Northwest Child Care Center Enrollment Form

Child's Name _____

Child's Birth date and Age _____

Mother or Guardian's Name _____ E-mail _____

Address _____

Street City, State, Zip

Home Phone _____ Work Phone _____ Cell Phone _____

Place of
Employment/Student _____

Work /School Schedule				
Monday	Tuesday	Wednesday	Thursday	Friday

Father or Guardian's Name _____

Address _____

Home Phone _____ Work Phone _____

Place of Employment/Student _____

Circle One:

Undergraduate Student Graduate Student Faculty Staff Community

The following people are allowed to pick up my child and may be contacted in case of an emergency:

Name	Relation	Telephone Number

_____ is **NOT** allowed to pick up my child!

Parent/ Guardian Signature

Date