

# THOMAS CHILD CARE



## Learning Academy



"Where your Childs' Evolution Begins"

**SUMMER ENROLLMENT**

**PLEASE TYPE OR PRINT CLEARLY IN BLUE OR BLACK INK.**

### SECTION I - PARENT/GUARDIAN INFORMATION

Parent/Guardian First Name: M.I. Last Name:

\_\_\_\_\_

Home Address (required) Apt. # City, State, Zip Code

\_\_\_\_\_

Mailing address, if different than above. City, State, Zip Code

\_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Mobile Telephone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Best time to call Mobile Telephone Number \_\_\_\_\_

Employer/Company Name Job Title \_\_\_\_\_

Address: City, State, Zip Code \_\_\_\_\_

Work Telephone Number \_\_\_\_\_

### Work Schedule

MON

TUES

WED

THURS

FRI


**SECTION II Child Information**

Child's First Name: M.I. Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

School Attending: \_\_\_\_\_

Known Allergies:  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have an IEP? Are you willing to share it with us to assist in their development?

\_\_\_\_\_

Foods they enjoy most:

\_\_\_\_\_

Additional information you feel is important for TCLA to know:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_