

TLC for Kids
Affordable, Loving Care

Enrollment Form
2010-2011

Child's name _____ Gender ____ Age _____ Birth date _____

Address _____ Phone _____

Elementary School _____ Grade ____ Teacher _____

Enrolling for ____ Before School- Approximate morning arrival time _____

_____ After School- Approximate evening Pick-up time _____

Medical conditions, allergies, long-term medication _____

The following special accommodations may be required to most effectively meet my child's needs while at TLC for Kids:

Other things you'd like us to know about your child:
