

Space is determined at the time of returned/approved paperwork. The *complete* enrollment packet must be returned to E.L.F. at least TWO FULL BUSINESS DAYS prior to starting your child(ren).
FULL TUITION PAYMENT(S) REQUIRED UPON STARTING



E.L.F. Children's Center, Inc.
 5200 East 31st Street South --- Wichita, KS 67210-2131
 Phone: (316) 684-1700 ----- Fax: (316) 684-6713
 website: www.elfdaycare.com

ENROLLMENT INFORMATION

CHILD'S INFORMATION

Child's Name: _____
 (Last, First & Middle)

Soc Sec #: _____ - _____ - _____
 M Tu W Th F
 Days/hours child would usually attend

Sex: Male Female
 _____ am to _____ am
Not to exceed 10 hrs on any day. We close @ 7pm

Birthdate: _____ - _____ - _____ Actual Age: _____
 Month Day Year

THIS SECTION FOR E.L.F. USE ONLY
 Start Date: _____ Term Date: _____
 Term Reason: _____
 W/L date: _____ All papers fully completed & returned on: _____
 Classroom: ft hourly tdi day rate not potty trained s pprwk

CHILD'S MEDICAL INFORMATION

Allergies: _____ → all food allergies require a Dr.'s note

Child's Physician: _____

Dr.'s address: _____

Dr.'s phone: _____

Hospital Preference: _____
 (Via Christi St. Joseph is the closest to our center)

List in order who to call in case of any emergency

1st call to: _____

2nd call to: _____

MOTHER'S INFORMATION

Mother's name: _____
 (Last, First & Middle)

Mother's Soc Sec #: _____

Home address: _____

City State zip

Hm Phone: _____ Wk Phone: _____

Cell Phone: _____ E-mail: _____

Employer: _____

Work Title or Department: _____

Employer's address: _____

FATHER'S INFORMATION

Father's name: _____
 (Last, First & Middle)

Father's Soc Sec #: _____

Home address: _____

City State zip

Hm Phone: _____ Wk Phone: _____

Cell Phone: _____ E-mail: _____

Employer: _____

Work Title or Department: _____

Employer's address: _____

CONTACTS: Who has authorization to pick up your child at our center? Picture ID required

_____ phone: _____

_____ relationship: _____

_____ phone: _____

_____ relationship: _____

_____ phone: _____

_____ relationship: _____

_____ phone: _____

_____ relationship: _____