

# Tiny Treasures Childcare

## Enrollment Form

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### Child's Information

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Full name:

Date of birth:

Home address:

Nickname (if applicable):

Photo permission?  Yes  No

### Parent / Guardian Information

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#### Parent/Guardian #1

Full name:

Phone number:

Email:

Employer & work phone:

#### Parent/Guardian #2

Full name:

Phone number:

Email:

Employer & work phone:

## Emergency Contacts (Not parents)

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### 1. Emergency Contact

Name:

Relationship to child:

Phone number:

### 2. Emergency Contact

Name:

Relationship to child:

Phone number:

### 3. Emergency Contact

Name:

Relationship to child:

Phone number:

## Authorized Pick-Up List

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### 1. Authorized Person

Name:

Relationship to child:

Phone number:

## 2. Authorized Person

Name:

Relationship to child:

Phone number:

## 3. Authorized Person

Name:

Relationship to child:

Phone number:

## Medical Information

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Allergies (food, medication, environmental):

Medical conditions (asthma, seizures, etc.):

Medications currently taken:

Dietary restrictions:

Formula / milk type (if applicable):

Doctor or clinic name & phone:

Health insurance name & policy #:

## Medical Permissions:

Permission to administer basic first aid/CPR?  Yes  No

Permission to call 911 if needed?  Yes  No

Permission to administer OTC medications (tylenol, ibuprofen, etc.)?  Yes  No

## Care Schedule

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Days attending:  Mon  Tue  Wed  Thu  Fri

Drop-off time:

Pick-up time:

Start date:

## Policies Acknowledgement

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I have read and agree to the policies (handbook)

I agree to the payment terms

I understand late pick-up / absence policies

Signature:

Date: