



Amherst Baby & Childcare Center

4350 Millersport Highway

Amherst, NY 14228

(716)688-2068

Application for Enrollment

Child's Name _____ Today's Date _____

Birthdate _____ Age _____ Male _____ Female _____ Start date _____

Days attending _____ Hours Attending _____

Child resides with: Both Parents _____ Mother _____ Father _____ Other _____

Home Address _____ Phone _____

Mother's Name _____

Employer _____ Phone _____ Ext _____

Father's Name _____

Employer _____ Phone _____ Ext _____

Siblings(ages) _____

Any special health concerns? _____

Any medication taken regularly? _____

Any diagnosed allergies? _____

If you answered yes to any of the questions above, please explain _____

Age Appropriate:

Takes bottle _____ Naps _____ Potty trained _____

Can your child communicate needs easily? _____

General Information:

Has your child attended day care before? _____

Do you use babysitters? _____

Please list any interests or favorite toys _____

How did you hear about us? _____

Why did you choose our center? _____

I am interested in enrolling my child at this time:

Signature _____ Date _____