



Amherst Baby & Childcare
4350 Millersport Highway
Amherst, New York 14228

Application for Enrollment

Child's Name: _____

Today's Date: _____ Start Date: _____

Birthdate: _____ Male/Female: _____

Days Attending: _____ Hours Attending: _____

Home Address: _____

Mother's Name: _____

Phone #: _____

Employer: _____

Father's Name: _____

Phone #: _____

Employer: _____

Email: _____

**A PDF version of the Parent Handbook will be sent to the above email.*

Any health concerns? Y N

Any medications taken regularly? Y N

Does your child need service from therapists while in care? Y N

If you answered yes to any of the questions above, please specify:

Age Appropriate

Takes Bottle: Y N

Naps: Y N

Potty Trained: Y N

Can you child communicate easily? Y N

General Information

How will tuition payments be made? Private Pay Other

Has your child attended daycare before? Y N

Do you use babysitters? Y N

How did you hear about us? _____

Why did you choose this daycare? _____

I am interested in enrolling my child at this time:

Parent Signature: _____

Date: _____

The non-refundable registration fee and first week's tuition are due in advance of services to reserve your spot. In the event that your child does not attend on the start date, you will have 60 days from that start date to begin services or your spot will no longer be reserved. If your child is not in attendance within 180 days of the start date, your advanced payments will be forfeited.