

Heppner Day Care, Inc.
(541) 676-5429
PO Box 446 / 330 Gale St.
Heppner, OR 97836

CHILD ENROLLMENT

Date Completed: _____

CHILD INFORMATION

Child's Name: _____ DOB: _____ Gender: _____
Last Name First Name M.I.
Address: _____ Date Entering Care: _____ Age at Entry of Care: _____

PARENT INFORMATION

Parent/Guardian Name: _____ Relationship: _____ Phone #: _____
Physical Address: _____ City: _____ Zip: _____
Mailing Address if Different: _____ City: _____ Zip: _____
Employer: _____ Address: _____ Work Phone #: _____

Parent/Guardian Name: _____ Relationship: _____ Phone #: _____
Physical Address: _____ City: _____ Zip: _____
Mailing Address if Different: _____ City: _____ Zip: _____
Employer: _____ Address: _____ Work Phone #: _____

MEDICAL / DENTAL CONTACT INFORMATION

Insurance Provider and Policy Information (if applicable): _____
Primary Physician Name: _____ Phone: _____
Dental Provider Name: _____ Phone: _____

OTHER CHILD IN HOME

Name: _____	Age: _____	Gender: _____
Name: _____	Age: _____	Gender: _____
Name: _____	Age: _____	Gender: _____
Name: _____	Age: _____	Gender: _____

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CARE REQUEST INFORMATION

PLEASE CHECK CARE NEEDED

NEEDED	TYPE OF CARE	DAYS	HOURS	AGE RANGE	COST
	½ Day Preschool	M – Th.	7:00 – 11:30	3 – 4 yr.	\$220
	Extended Preschool	M – Th.	7:00 -2:00	3 – 4 yr.	\$336
	Full Day 4 Days (Includes Preschool)	M – Th.	7:00 – 5:30	3 – 4 yr.	\$560
	Full Day 5 Days (Includes Preschool)	M – F	7:00 – 5:30	3 – 4 yr.	\$700
	After School ONLY	M – Th.	3:30 – 5:30	5 – 8 yr.	\$112
	After School + Friday	M –Th. Friday	3:30 – 5: 30 7:00 -5:30	5 – 8 yr.	\$252
	Ongoing / Additional	Non-School Days and Summer	7:00 -5:30	3 – 8 yr.	\$35/day

Are you interested in a scholarship for Preschool? YES NO

Has your child been in care before: _____ If yes, what kind? _____

MEDICAL INFORMATION

ALLERGY ALERT: Does your child have an allergy NO YES If yes, please list: _____

Does your child take any medications: NO YES If yes, please list: _____

Is your child diagnosed with a delay: No Yes If yes, please list: _____

If diagnosed, is your child receiving services: No Yes

Parent/Guardian Name: _____ Signature: _____ Date: _____

*Day Care Staff Only Below

Date Enrollment form Received: _____ Reviewed by: _____ Position: _____
 Services Child Enrolled In: _____ Date Enrolled: _____