



Oh, The Places You Will Go Daycare
204 5th Street
Rawlins, WY 82301

CHILDCARE APPLICATION FOR ENROLLMENT



Child Information

Age: _____ Date of Birth: _____ Sex: _____

Full name: _____

Requested start date: _____

Is your child potty trained? Yes No

Are you interested in full, mid or part time? _____

If mid or part what days/hours? _____

Has your child been in daycare before? Yes No

Family information

Mother: _____

Email: _____

Phone: _____

Father: _____

Email: _____

Phone: _____

Medical information

Please list allergies, special medical, dietary needs or other areas of concern:

Parent signature: _____

Date: _____