

Bru-Bear Family Daycare

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Enrollment Application

Child's name: _____

Birth date: _____ Gender: _____

Starting Date: _____

Address (street, city, state, zip):

Mother/guardian full name: _____

Home phone: _____ Cell phone: _____

Work phone: _____ E-mail: _____

Employer's name and address: _____

Father/guardian full name: _____

Home phone: _____ Cell phone: _____

Work phone: _____ E-mail: _____

Employer's name and address: _____

Attendance: Full Time: _____ Part Time: _____

Medical information

Physician's name: _____

Physician's phone number: _____

Does your child have any allergies? _____

Does your child have any special needs? _____

Medical insurance status

Please check one: Private____ Medicare____ None____ or Other____