Baby Bear EduCare Enrollment Application

GENERAL INFORMATION (This section to be completed by center)

Center # Enrolled by: **BBE Emp. Position:**

Desired Start Date: **Today's Date:**

PARENT'S INFORMATION

Name:

Street Address:

City/State/Zip:

Home Phone: ( )

Cell Phone: ( )

Work Phone: ( )

Social Security#:

PARENT'S WORK SCHEDULE

DAY of WEEK	TIME of DAY (from – to)
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

CHILDREN INFORMATION

Name:

D.O.B.:

Drop Off Time: **Pick Up Time:**

Days (please circle) M T W Th F

CHILDREN INFORMATION

Name:

D.O.B.;

Drop Off Time: **Pick Up Time:**

Days (please circle) M T W Th F

CHILDREN INFORMATION

Name:

D.O.B.:

Drop Off Time: **Pick Up Time:**

Days (please circle) M T W Th F

CHILDREN INFORMATION

Name:

D.O.B.:

Drop Off Time: **Pick Up Time:**

Days (please circle) M T W Th F

PROGRAM /EMPLOYER INFORMATION

☐ **School** ☐ **Training** ☐ **Job Search**

Name of School
Training Program or Employer:

Start Date: **End Date:**

☐ **Working** ☐ **BBE Employee**

Employer
Phone: ( ) **Fax: ( )**

FUNDING INFORMATION

Funding Type ☐ CCIS	Funding Type ☐ DPA	Funding Type ☐ Other	Funding Type ☐ Private
Funding office:	**CAO Office:**	**Funding type:**	
Eligibility specialist:	**Caseworker:**	**Worker name:**	
Funding office phone:	**CAO office phone:**	**Funding office phone:**	
Funding office fax:	**CAO office fax:**	**Funding office fax:**	
Family #:	**Family record #:**		
Parent Approved Schedule: M T W Th F			
Weekly Co-Pay amount:			
Eligibility effective date:			

All clients must give a 10-day advance notice of withdrawal of services or those days will be invoiced as attended.

Parent/Guardian SIGNATURE **DATE**