



2415 First Avenue, Mail Station A-189, Sacramento, CA 95818
(916) 736-1872, dmvchildcarecenter.org
A private non-profit organization, License #343610306

Intake/Enrollment Form

CHILD INFORMATION

Child's Name (Last, First, Middle Initial): _____
Nickname/Preferred Name: _____ Date of Birth: _____ Age: _____
Home Address: _____
Child's Primary Residence: Both Parents Mother Father Guardian

CHILD CARE SCHEDULE

	Drop-off Time	Pick-up Time	Total Hours
Enrollment Start Date: _____	Monday: _____	to _____	= _____
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Drop-In	Tuesday: _____	to _____	= _____
# Days per Week: _____	Wednesday: _____	to _____	= _____
# Hours per Week: _____	Thursday: _____	to _____	= _____
Potty Trained: <input type="checkbox"/> Yes <input type="checkbox"/> No	Friday: _____	to _____	= _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name #1: _____ Relationship: _____
Home Address (If Different): _____ Home/Cell #: _____
Works at: DMV Other State Agency Non-State Employee Other Work #: _____
Primary Email (for tuition & general info.): _____ Email #2 (Optional): _____

Parent/Guardian Name #2: _____ Relationship: _____
Home Address (If Different): _____ Home/Cell #: _____
Works at: DMV Other State Agency Non-State Employee Other Work #: _____
Primary Email (for tuition & general info.): _____ Email #2 (Optional): _____

ADDITIONAL EMAILS FOR OUR MAILING LIST (OPTIONAL for others to receive DMV CCC announcements, events, etc.)

Email: _____ Email: _____ Email: _____

PARENT/GUARDIAN SIGNATURE

Parent/Guardian Signature

Date

Click here to submit: [» Submit](#)