

T.L.C.

ENROLLMENT FORM

Name (Parent/Guardian)

Birthdate

Address

City State Zip

County of Residence

Home Phone

Work Phone

Is it Okay to call you at work?

Prenatal Care Provider (if applicable)

Due Date (if applicable)

Please tape your enrollment form closed and mail to: T.L.C. or fax to: 517-673-7490

CHILDREN BIRTH THROUGH AGE 3

FIRST CHILD

Name

Birthdate

Address

City State Zip

Doctor's Name

OTHER CHILDREN

Name

Birthdate

Doctor's Name

Name

Birthdate

Doctor's Name

Call 989.673.8114, Ext. 105 or visit our website at www.tchd.us for mor information