

Tax Form For Childcare Credits

Child's Information

1. Full Legal Name: _____
2. Date of Birth: ___/___/___
3. Gender: Male Female Other
4. Social Security Number (SSN): _____ - _____ - _____
5. Home Address: _____
6. Allergies/Medical Conditions: _____
7. Pediatrician's Name & Phone: _____

Parent/Guardian #1 Details

1. Full Name: _____
2. Relationship to Child: _____
3. Phone (Home/Cell): (____) _____ - _____
4. Email: _____
5. Occupation: _____
6. Employer: _____
7. Work Phone: (____) _____ - _____
8. Work Address: _____
9. Social Security Number (SSN): _____ - _____ - _____

Parent/Guardian #2 Details

- 1. Full Name: _____
- 2. Relationship to Child: _____
- 3. Phone (Home/Cell): (____) _____ - _____
- 4. Email: _____
- 5. Occupation: _____
- 6. Employer: _____
- 7. Work Phone: (____) _____ - _____
- 8. Work Address: _____
- 9. Social Security Number (SSN): _____ - _____ - _____

Financial & Enrollment Agreement

- Tuition Payment Method: Cash Check Credit Card Automatic Withdrawal
- Billing Address (if different): _____
- Subsidy/Voucher Program? Yes No
(If yes, attach documentation)

Parent/Guardian Consent & Signature

I certify that all information provided is accurate and authorize Our Loving Arms LI1, Inc to use it for enrollment, tax, and emergency purposes.

Signature: _____ Date: ____/____/____