

**Maynard Family Association
Baby-sitting Co-op
Enrollment Form**



Mother: _____

Father: _____

Child/Birthdate: _____

Child/Birthdate: _____

Child/Birthdate: _____

Child/Birthdate: _____

Home Address: _____

Are you a member of the Maynard Family Association: _____

Contact Information:

Mother:

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Father:

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Emergency Contact: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Pediatrician: _____ Phone: _____

Please list any pets: _____

If your child has special medical conditions, allergies or special needs, please list them below:

Please note: Information on this enrollment form (excluding emergency contacts and special medical conditions/needs) is included on the Maynard Family Association's Baby-sitting Co-op member list.