

FirstHealth Child Development Center
100 Memorial Drive
Pinehurst, NC 28374
(910) 715-1845 ph
(910) 715-1847 fax

Pre-Enrollment Information

Request Information

Child's Name _____ DOB / Due Date _____
Date Care Needed _____ Tentative hours of care needed _____ to _____

Contact Information

Employee's Name _____
First Last
Email address _____ Home Phone _____
Home Address _____ Cell/Alt Phone _____

Employment Information

Department _____ Extension _____
Supervisor _____
Employment Status _____ Full-Time
_____ Regular Part-Time (must work 40 hrs or more per pay period)
_____ Casual Part-Time (must work 40 hrs or more per pay period)

Is your spouse employed by FirstHealth? No Yes (please indicate their name/dept. below):

Name of 2nd Employee

Entity / Department

Parent/Employee Signature

Date