

For Office Use Only:  
Enrollment Date: \_\_\_\_\_  
Registration Fee: \_\_\_\_\_



For Office Use Only:  
Classroom for 2018-2019  
\_\_\_\_\_

## Enrollment Application

Child's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/ State/ Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Mother: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Address: \_\_\_\_\_ City/State/ Zip: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Employer: \_\_\_\_\_ Phone# \_\_\_\_\_

Father: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Employer: \_\_\_\_\_ Phone # \_\_\_\_\_

**Allergies/Dietary Restrictions:** \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone # \_\_\_\_\_

### CONTACTS:

The child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason the parent cannot be reached.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone # \_\_\_\_\_

(To child)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone# \_\_\_\_\_

(To child)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone # \_\_\_\_\_

(To child)