

APPLICATION FOR ENROLLMENT



Student Information:

Date of Birth: _____ Sex: Male Female

Preferred Date of Enrollment: _____

Full Name: _____
Last First Middle

Child's Address: _____
Street City Zip

Family Information:

Child Lives With: _____

Mother's Name _____

Mother's Address: _____

Mother's Home Phone: _____

Employer: _____

Work Address: _____

Father's Name: _____

Father's Address: _____

Father's Home Phone: _____

Employer: _____

Work Address: _____

Medical Information: I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor: _____ Phone: _____

Address: _____

Doctor: _____ Phone: _____

Address: _____

Dentist: _____ Phone: _____

Address: _____

Hospital Preference: _____

Please list allergies, special medical or dietary needs, or other areas of concern:

Contacts: 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 custodial parent or legal guardian cannot be reached:

Name _____ Address _____

Work Phone Number _____ Home Phone Number _____ Cell Phone Number _____

Name _____ Address _____

Work Phone Number _____ Home Phone Number _____ Cell Phone Number _____

Name _____ Address _____

Work Phone Number _____ Home Phone Number _____ Cell Phone Number _____

Custody:

Mother Father Both Other (specify): _____

Helpful Information About Child:

By signing below, you verify that you have received the above items and that all information on this enrollment form is complete and accurate.

Signature of Parent/Guardian _____

Date _____