



SCHOOL-AGE CHILD ENROLLMENT FORM

7394 Dexter-Ann Arbor Road
Dexter, Michigan 48130
(734) 424-9193

Child's Name _____ Male _____ Female _____

Home Address _____ Birth Date _____ Age _____
Street City Zip

Home Phone() _____ Name child prefers to be called _____

Mother/Guardian

Name _____ Home Phone _____

Home Address _____ Cell/Pager _____

Employer _____ Work Phone _____

Employer Address _____ Fax Number _____

E-Mail Address _____

Father/Guardian

Name _____ Home Phone _____

Home Address _____ Cell/Pager _____

Employer _____ Work Phone _____

Employer Address _____ Fax Number _____

E-Mail Address _____

Additional Adults Approved for Child's Release

1. Name _____ Relationship _____

Home Phone _____ Cell/Pager _____

Employer _____ Work Phone _____

2. Name _____ Relationship _____

Home Phone _____ Cell/Pager _____

Employer _____ Work Phone _____

Requested Schedule

Start date _____ Days in attendance: M T W TH F Hours _____

_____ Before school _____ After school _____ Summer Camp _____ "No School" days _____ Kindergarten

