



7394 Dexter-Ann Arbor Rd
Dexter, Michigan 48130
Phone: (734) 424-9193
Fax: (734) 424-9220

CHILD ENROLLMENT FORM

Child's Name _____ Male _____ Female _____

Home Address _____ Birth Date _____ Age _____
Street City Zip

Home Phone (_____) _____ Name you prefer your child 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 _____ WorkPhone _____

Requested start date _____ Days in attendance: M T W TH F

Hours in attendance _____ a.m./p.m. until _____ a.m./p.m. Classroom _____

