



# CHILD ENROLLMENT FORM

Child's Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Home Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Name you prefer your child to be called \_\_\_\_\_

## Parent/Guardian

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_ Cell/Pager \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer Address \_\_\_\_\_ Fax Number \_\_\_\_\_

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

## Parent/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 \_\_\_\_\_

