



Enrollment Form

Child's Name: _____

Address: _____

DOB: ___/___/___ Enrollment Date: ___/___/___ 1st Day of Attendance: ___/___/___

Mother's Name: _____

Home Address: _____

Home Phone Number: _____ Place of Work: _____

Work Address: _____

Work #: _____ Cell #: _____

Email address: _____

Father's Name: _____

Home Address: _____

Home Phone Number: _____ Place of Work: _____

Work Address: _____

Work #: _____ Cell #: _____

Email address: _____

List two contacts who could be contacted in the event of an emergency, and who have permission to pick up your child if we cannot reach either parent/guardian.

1. Name: _____

2. Name: _____

Relationship to child: _____

Relationship to child: _____

Address: _____

Address: _____

Phone #: _____

Phone#: _____