



Enrollment Application

Please fill in application completely and legibly.

Child's Name: _____
(Last Name) (First Name) (Middle Initial)

Child's Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Date of Birth: _____ Sex: _____

Child's Social Security #: _____ Date of Enrollment: _____

Days Child Will Attend: (please circle) Mon. Tues. Wed. Thur. Fri. Arrival Time: _____ Departure Time: _____

Parent Information

Enrolling Parent/Guardian: _____
(Last Name) (First Name) (Middle Initial)

Relationship to Child: _____

Address: _____ City/State: _____ Phone #: _____

Employer: _____ Work Phone: _____ Extension #: _____

Work Address: _____ City/State: _____ Work Hours: _____

E-Mail Address: _____ Cell Phone #: _____

Driver's License #: _____ Social Security #: _____

Parent/Guardian: _____
(Last Name) (First Name) (Middle Initial)

Relationship to Child: _____

Address: _____ City/State: _____ Phone #: _____

Employer: _____ Work Phone: _____ Extension #: _____

Work Address: _____ City/State: _____ Work Hours: _____

E-Mail Address: _____ Cell Phone #: _____

Driver's License #: _____ Social Security #: _____

Primary Residence: With Mother With Father With Both With Guardian (Name) _____

Parent's Marital Status: Married Single Divorced If divorced, who has legal custody?: _____

May the non-custodial parent pick up the child?: _____ If yes, include in release section below. If no, court documentation may be requ

The child will be released only to the people on this application and the following persons:

Name: _____ Address: _____ Phone #: _____

Name: _____ Address: _____ Phone #: _____

Name: _____ Address: _____ Phone #: _____