



Enrollment Application

Entrance Date ____/____/____

Withdrawal Date ____/____/____

Child

Child's Full Name _____ Age ____ Gender ____ Date of Birth ____/____/____

Child's Home Address _____ Home Phone _____

Parent/Guardian

Parent/Guardian Name _____ Parent Guardian

Home Address _____ Home Phone _____
_____ Cell Phone _____

Place of Employment _____ Hours ____ to ____ Business Phone _____

Parent/Guardian Name _____ Parent Guardian

Home Address _____ Home Phone _____
_____ Cell Phone _____

Place of Employment _____ Hours ____ to ____ Business Phone _____

Marital Status Married Separated Divorced Widowed Other _____

Child's Legal Guardian(s) Both parents Mother Father Other _____

Child's Living Arrangements Both parents Mother Father Other _____

Emergency Contacts

The child may be released to the person(s) signing this agreement or the the following with photo ID:

Name	Address	Phone	Relationship to child	Relationship to parent/guardian
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Emergency contact and release when parent/guardian cannot be reached:

Name	Address	Phone	Relationship to child	Relationship to parent/guardian
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Doctor to be contacted if parents cannot be reached:

Name	Address	Phone
_____	_____	_____
_____	_____	_____

_____/_____/_____
Parent/Guardian Signature **Date**

Email _____