

# Enrollment Form

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Starting Date \_\_\_\_\_ Schedule M T W TH F

Hours \_\_\_\_\_ to \_\_\_\_\_ Classroom \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Employment Name: \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Marital Status (Check):  Married  Single  Divorced  Separated

Parent's Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Employment Name: \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Marital Status (Check):  Married  Single  Divorced  Separated

Physician Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

