

# Enrollment Application

For office use only

Session enrolled for: \_\_\_\_\_ Starting day/year: \_\_\_\_\_

Special Comments: \_\_\_\_\_

Child's full name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Home address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_

School last attended \_\_\_\_\_

Parent  Legal Guardian (check one)

Name \_\_\_\_\_ Address \_\_\_\_\_

Employed by \_\_\_\_\_ Occupation \_\_\_\_\_

Employer address \_\_\_\_\_ Work phone \_\_\_\_\_

Email address \_\_\_\_\_

Parent  Legal Guardian (check one)

Name \_\_\_\_\_ Address \_\_\_\_\_

Employed by \_\_\_\_\_ Occupation \_\_\_\_\_

Employer address \_\_\_\_\_ Work phone \_\_\_\_\_

Email address \_\_\_\_\_

Marital Status: (check one)  Married  Living Together  Separated  Divorced  Other

Brothers and Sisters:

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

List names of persons authorized to take child from school. Child WILL NOT be allowed to leave with any other person without WRITTEN authorization.

Name	Address	Phone	Relationship
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Name	Address	Phone	Relationship
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Name	Address	Phone	Relationship
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Name	Address	Phone	Relationship
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Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_