

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 _____

Father Stepfather Legal Guardian (check one)

Name _____ Address _____

Employed by _____ Occupation _____

Employer address _____ Work phone _____

Email address _____

Mother Stepmother 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: _____