Distribution
• *Child's File*

Enrollment Application

Entrance Date ___/___/___ Withdrawal Date ___/___/___

Child

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

Child's Home Address _____ Home Phone _____

_____

Parent/Guardian(s)

Parent/Guardian Name_____ ☐ Parent ☐ Guardian

Home Address _____ Home Phone _____

_____ Cell Phone _____

Email _____

Place of Employment _____ Business Phone _____

Employment Address _____

Parent/Guardian Name_____ ☐ Parent ☐ Guardian

Home Address _____ Home Phone _____

_____ Cell Phone _____

Email _____

Place of Employment _____ Business Phone _____

Employment Address _____

Marital Status: ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Other_____

Child's Legal Guardian(s): ☐ Both parents/guardians ☐ Mother ☐ Father ☐ Other_____

Child's Living Arrangements: ☐ Both parents/guardians ☐ Mother ☐ Father ☐ Other_____

Emergency Contacts

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

Name Address Telephone Relationship

_____

_____

_____

Emergency contact(s) when parents cannot be reached:

Name Address Telephone Relationship

_____

_____

Doctor to be contacted when parents cannot be reached:

Name Address Telephone

_____

_____ ___/___/____

Parent/Guardian Signature Date

_____ ___/___/____

Parent/Guardian Signature Date