

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