



Enrollment Application

Child	
Child's Full Name _____	Age ____ Gender _____ Date of Birth ____/____/____
Child's Home Address _____	Home Phone _____
Does your child have any condition(s) diagnosed by a doctor? ____ yes ____ no	
Does your child have an active Individual Education Plan (IEP)? ____ yes ____ no	
Does your child have any allergies? ____ yes ____ no / Known Allergies: _____	

Parent/Guardian(s)	
Parent/Guardian Name _____	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian
Home Address _____	Phone _____
	Email _____
Place of Employment _____	Business Phone _____
- - - - -	
Parent/Guardian Name _____	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian
Home Address _____	Phone _____
	Email _____
Place of Employment _____	Business Phone _____

Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other _____
Child's Legal Guardian(s): <input type="checkbox"/> Both parents/guardians <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____
Child's Living Arrangements: <input type="checkbox"/> Both parents/guardians <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> 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
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
Emergency contact(s) when parents cannot be reached:			
Name	Address	Telephone	Relationship
1. _____	_____	_____	_____
2. _____	_____	_____	_____
Doctor to be contacted when parents cannot be reached:			
Name	Address	Telephone	
_____	_____	_____	

Parent/Guardian Signature

____/____/____
Date

Parent/Guardian Signature

____/____/____
Date