



Enrollment Information

Child's Information:

Name: _____ **Nickname:** _____
Date of Birth: Month () Day () Year () **Gender:** Male () Female ()
Address: Street: _____ City: _____ State: ____ Zip: _____
Home Phone: () _____ - _____

Parent Information:

Father's Name: _____ **Driver's License:** _____
Cell Phone: () _____ - _____ **Email Address:** _____
Employer Name: _____ **Work Phone:** () _____ - _____
Mother's Name: _____ **Driver's License:** _____
Cell Phone: () _____ - _____ **Email Address:** _____
Employer Name: _____ **Work Phone:** () _____ - _____

Emergency Contact Information (In case neither parent can be contacted):

Name: _____ **Phone:** () _____ - _____
Name: _____ **Phone:** () _____ - _____

Attendance Information:

Enrollment Date: ____ / ____ / ____ **Child will Attend Full Time** []
Child will Attend Part Time M/W/F [] or Tue/Thu []

Pickup Authorization:

Person Authorized to pick up my child. (Photo identification will be required)

Name: _____	Name: _____
Relation: _____	Relation: _____
Address: _____	Address: _____
Phone: () _____ - _____	Phone: () _____ - _____

Signature of Parent or Legal Guardian: _____ **Date:** _____