



ENROLLMENT FORM

Child's Name: _____
(Last) (First) (Middle) (Nickname)

Start Date: ___/___/___ Birthdate: ___/___/___ Sex: _____ Child Lives With: _____
(Mother/Father/Both/Other)

Full Day : Yes No **OR** Half Day (ONLY Applies for 3 & 4 Yeas Old) : Yes No

FAMILY INFORMATION	Mother	Father
Name		
Home Address		
Employer & Work Address		
Home Phone		
Work Phone		
Cell Phone		
e-mail Address		
Social Security No.		
Driver's License No.		
Legal Custody?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If neither mother or father have legal custody, please indicate legal guardian: _____

CONTACTS: The child named above will be released only to the custodial parent or legal guardian and the people listed below. The following people listed as **EMERGENCY CONTACTS** will also be contacted and are authorized to remove the child from the center in case of illness, accident, or emergency, if for some reason the custodial parent or legal guardian cannot be reached.

Contact Name	Relationship	Home Phone	Work Phone	Cell Phone/ Pager	Emergency Contact
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

REFERRED BY
