



Enrollment Application

CHILD INFORMATION:

Child's Full Name _____

Date of Birth _____ Gender _____

Date of Enrollment _____ Date of Discharge _____

Please check the days your child will be in attendance, and on the line next to the day please fill in the hours your child will be in attendance:

0 Monday _____ 0 Tuesday _____ 0 Wednesday _____ 0 Thursday _____ 0 Friday _____

PARENT/GUARDIAN INFORMATION:

Parent/Guardian #1 _____

Home Address _____

Home Phone Number _____ Cell Phone Number _____

Employer (include address) _____

Employer Phone Number _____ Work Hours _____

Email Address _____

Parent/Guardian #2 _____

Home Address _____

Home Phone Number _____ Cell Phone Number _____

Employer (include address) _____

Employer Phone Number _____ Work Hours _____

Email Address _____

PHYSICIAN INFORMATION:

Physician Name _____

Physician Address _____

Phone Number _____