



ENROLLMENT FORM for _____

Enter location

Section A: CHILD's INFORMATION

CHILD's NAME: _____
Last First Nick name
Enrollment Date _____ Child's Birthdate _____ Sex _____

In case of medical emergency, school to first contact
child's physician (Name) _____ Phone _____
If unreachable, school may contact another physician or a hospital.

Allergies _____

Special instructions regarding eating habits, toileting, etc. _____

Child's likes and dislikes _____

Section B: PERSONS AUTHORIZED TO PICK UP CHILD

Mother: Yes ___ No ___ Is mother a legal custodian? Yes ___ No ___

Father: Yes ___ No ___ Is father a legal custodian? Yes ___ No ___

Emergency Contact Person approved by parents to pick up child: Relationship to child: _____

Last name _____ First name _____

Address _____ City _____ State _____ Zip _____

Phone _____

Section C: MOTHER's INFORMATION:

Last name _____ First name _____

Cell Phone _____ Home phone _____ Work phone _____

Email _____

Home address _____ City _____ State _____ Zip _____

Does the child live with mother at above address? Yes ___ No ___

Employer _____ Address _____ City _____ State _____ Zip _____

Section D: FATHER's INFORMATION:

Last name _____ First name _____

Cell Phone _____ Home phone _____ Work phone _____

Email _____

Home address _____ City _____ State _____ Zip _____

Does the child live with father at above address? Yes ___ No ___

Employer _____ Address _____ City _____ State _____ Zip _____