



Application for Enrollment

Child's name _____ Date of Birth _____
Name used at home _____ Sex _____ Age as of 9/1/08 _____
Child's Social Security # _____ Home Phone # _____

Father/Guardian _____
Home address _____
Home phone _____
Cell phone _____
Place of business _____
Business address _____
Business phone _____

Mother/Guardian _____
Home address _____
Home phone _____
Cell phone _____
Place of business _____
Business address _____
Business phone _____

Emergency Contacts: (to be used if parent/guardian cannot be reached)

Name _____	Name _____
Address _____	Address _____
Home phone _____	Home phone _____
Cell _____	Cell _____

List any special information concerning the child's growth and development, any special needs and/or allergies:

The following persons are allowed to pick up and drop off my child:

Siblings: _____

Parent's Signature: _____

Date: _____