

Enrollment Form

Child's Name: _____

Address: _____

DOB: ___/___/___ **Enrollment Date:** ___/___/___ **1st Day of Attendance:** ___/___/___

Mother's Name: _____

Home Address: _____

Home Phone Number: _____ **Place of Work:** _____

Work Address: _____

Work #: _____ **Cell #:** _____

Email address: _____

Father's Name: _____

Home Address: _____

Home Phone Number: _____ **Place of Work:** _____

Work Address: _____

Work #: _____ **Cell #:** _____

Email address: _____

List two persons who could be contacted if we cannot reach either parent.

1. **Name:** _____

2. **Name:** _____

Relationship to child: _____

Relationship to child: _____

Address: _____

Address: _____

Home #: _____

Home #: _____

Cell #: _____

Cell #: _____

Work #: _____

Work #: _____