



**Enrollment Application
2019 - 2020**

Child's Name _____

Date of Birth _____ **Present Age** _____

Home Address _____
(street) (city) (zipcode)

Home Phone _____

Father's Name _____ **Email** _____

Work Phone _____ **Cell Phone** _____

Mother's Name _____ **Email** _____

Work Phone _____ **Cell Phone** _____

Allergies _____

Person to be contacted in the event of an emergency if parents can not be reached:

Name _____

Address _____

Relationship to child _____

Home Phone _____ **Cell Phone** _____

Persons (other than parents) to whom the child may be released.

Name _____ **Phone** _____

Address _____

Name _____ **Phone** _____

Address _____

Name _____ **Phone** _____

Address _____

Days child will attend M T W Th F Academic day (9-2) _____ or Full day (8-5:30) _____
(please circle) Please check one of the above

Parent Signature _____ **Date** _____

For office use only

Child's Classroom Teacher/Rm #: _____ **Door Code** _____ #