

CHILD ENROLLMENT FORM

Entrance Date	
Withdrawal Date	

CHILD	Child's Name:	Sex:	Age:	Birth Date:
	Home Address:		Home Telephone Number:	

FATHER	Father's Name / Home Address / Telephone Number, if different from child's:			
	Place of Employment / Address of Employment / Business Number:			

MOTHER	Mother's Name / Home Address / Telephone Number, if different from child's:			
	Place of Employment / Address of Employment / Business Number:			

Child's Living Arrangements: Both Parents Mother Father Other

Child's Legal Guardian(s): Both Parents Mother Father Other

The child may be released to the person(s) signing this agreement or to the following:

Name	Address

Persons to contact in the case of emergency when parents cannot be reached:

Name	Address

Name of public or private school child attends, if any:

HEALTH	Child's Physician or Clinics Name (Child's Primary Health Source):			
	Address and Telephone Number:			
	My Child has the following special need(s):			
	My Child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns:			

SIGNATURE (PARENT/GUARDIAN)

DATE