



Enrollment form

Child's Name: _____ **Date of Birth:** _____ **Enrollment Date:** _____

Home Address: _____ **Home Phone:** _____

Parent/Guardian Name: _____ **Cell Phone:** _____

Employer/School: _____

Employer/School Address: _____ **Phone:** _____

Parent/Guardian Name: _____ **Cell Phone:** _____

Employer/School: _____

Employer/School Address: _____ **Phone:** _____

Alternate Emergency Contact:

1. _____
Name Relationship Phone number Cell phone

_____ Address

2. _____
Name Relationship Phone number Cell phone

_____ Address

Additional Person Authorized to Pick up Child:

1. _____
Name Relationship Phone number Cell phone

_____ Address

2.

Name	Relationship	Phone number	Cell phone
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Address

Special Instructions for Reaching Parents During School Hours:

Persons Not Permitted to Pick up the child:
