



Enrollment form

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

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

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

Parent/Guardian Email: _____

Employer/School: _____

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

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

Parent/Guardian Email: _____

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

Address

Special Instructions for Reaching Parents During School Hours:

Persons Not Permitted to Pick up the child:

Health Insurance Information

Company Name, Address and

Phone number:

Policy Number: _____

Dentist Information

Dentist Name, Address and

Phone Number:

In the event of an emergency what is your hospital of choice? _____

