



Enrollment Application

Parent/Guardian information

Registration Date _____

Mother/Guardian **m** Custodial Parent (if married, mark both parents)

First Name _____ M. I. _____ Last Name _____

Address _____

Occupation _____ Home Phone () _____ Cell Phone () _____

Employed By _____ Office Phone () _____ Work Hours _____

Work Address _____

Mother's SS# _____ Drivers's License # _____

E-mail _____

Preferred PIN number for checking in/checking out (4 digits, numbers only) First Choice Second Choice

Marital Status **m** Married **m** Single **m** Divorced **m** Separated **m** Widowed **m** Other _____

Father/Guardian **m** Custodial Parent (if married, mark both parents)

First Name _____ M. I. _____ Last Name _____

Address _____

Occupation _____ Home Phone () _____ Cell Phone () _____

Employed By _____ Office Phone () _____ Work Hours _____

Work Address _____

Father's SS# _____ Drivers's License # _____

E-mail _____

Preferred PIN number for checking in/checking out (4 digits, numbers only) First Choice Second Choice

Marital Status **m** Married **m** Single **m** Divorced **m** Separated **m** Widowed **m** Other _____

Child information

First Child

First Name _____ M. I. _____ Last Name _____

Name (child prefers to be called) _____ Grade/Class _____

Child's Address _____

DOB _____ SS# _____ Gender **m** Male **m** Female

List any existing medical conditions, medication and/or special attention you child may require. _____

Allergies _____

Pediatrician's Name _____ Phone () _____

Address _____

Photographs – May we take and maintain a photo of your child for security purposes? **m** Yes **m** No

Second Child

First Name _____ M. I. _____ Last Name _____

Name (child prefers to be called) _____ Grade/Class _____

Child's Address _____

DOB _____ SS# _____ Gender **m** Male **m** Female

List any existing medical conditions, medication and/or special attention you child may require. _____

Allergies _____

Pediatrician's Name _____ Phone () _____

Address _____

Photographs – May we take and maintain a photo of your child for security purposes? **m** Yes **m** No

Third Child

First Name _____ M. I. _____ Last Name _____

Name (child prefers to be called) _____ Grade/Class _____

Child's Address _____

DOB _____ SS# _____ Gender **m** Male **m** Female

List any existing medical conditions, medication and/or special attention you child may require. _____

Allergies _____

Pediatrician's Name _____ Phone () _____

Address _____

Photographs – May we take and maintain a photo of your child for security purposes? **m** Yes **m** No

Emergency Contacts and authorized Pickup Persons

First Contact/Pick Up

Name _____ Phone () _____

Relationship (to the child) _____

m Able to pick up all in children in the family

m Not able to pick up the following children _____

Second Contact/Pick Up

Name _____ Phone () _____

Relationship (to the child) _____

m Able to pick up all in children in the family

m Not able to pick up the following children _____

Third Contact/Pick Up

Name _____ Phone () _____

Relationship (to the child) _____

m Able to pick up all in children in the family

m Not able to pick up the following children _____

Fourth Contact/Pick Up

Name _____ Phone () _____

Relationship (to the child) _____

m Able to pick up all in children in the family

m Not able to pick up the following children _____

Tuition/Payment information

Current Tuition Amount _____ **m** Monthly **m** Other _____

Please outline below whom is responsible for payment of tuition and fees. Please fill out if parents are divorced and split tuition payment or tuition payment is the responsibility of an adult other than the parent(s)/guardian(s) listed on page 1. _____

Additional Comments and information

Is there any other information that would be helpful to our management and teaching _____

Signature

Parent/Guardian Signature _____ Date _____