

ENROLLMENT FORM

GRADE _____
TEACHER _____
MAGNET _____
ENROLLMENT DATE _____

AM 7:00-8:30 _____
PM 3:00-6:00 _____
WITHDRAWAL DATE _____

Child's Name: _____
(Last) (First) (Middle) (Alias)

Birth Date: _____ Sex: _____

Mother's Name: _____
Birth Date: _____
Driver License# _____
Home Address: _____
City: _____ State: _____ Zip: _____
Home Phone # _____
Employer: _____
Employment Address: _____
Employer Phone #: _____
Beeper/Cell Phone #: _____

Father's Name: _____
Birth Date: _____
Driver License# _____
Home Address: _____
City: _____ State: _____ Zip: _____
Home Phone# _____
Employer: _____
Employment Address: _____
Employer Phone #: _____
Beeper/Cell Phone #: _____

Parent permitted to remove child: Mother Yes__ No__ Step-Mother Yes__ No__
Father Yes__ No__ Step-Father Yes__ No__

(IF NO, DOCUMENTATION REQUIRED)

Child's Physician Address Phone#

Other person(s) to be notified in case of illness or accident and permitted to remove child:

Name: _____ Phone #: _____
Address: _____

Name: _____ Phone #: _____
Address: _____

SPECIAL MEDICAL OR OTHER NEEDS THAT WILL HELP US TO BETTER SERVE YOUR CHILDREN:

Other persons permitted to remove the child from Extended Day Program:

Name _____
Address _____
Phone _____

Name _____
Address _____
Phone _____

