

ENROLLMENT/ADMISSION FORM

Child's Name _____ Birth Date _____
 Home Address _____ City _____ Date _____ Zip _____
 Telephone Number _____

MOTHER	FATHER
NAME:	NAME:
ADDRESS:	ADDRESS:
CITY/ZIP:	CITY/ZIP:
PHONE/HOME:	PHONE/HOME:
PAGER/CELL:	PAGER/CELL:
SOCIAL SECURITY #:	SOCIAL SECURITY #:
DRIVER'S LICENSE #:	DRIVER'S LICENSE #:
EMPLOYER:	EMPLOYER:
PHONE/EXT:	PHONE/EXT:
ADDRESS:	ADDRESS:
CITY/ZIP:	CITY/ZIP:
SUPERVISOR:	SUPERVISOR:
EMERGENCY CONTACTS OTHER THAN PARENT(S)	
NAME:	NAME:
ADDRESS:	ADDRESS:
CITY/ZIP:	CITY/ZIP:
WORK #:	WORK #:
HOME #:	HOME #:
PAGER/CELL #:	PAGER/CELL #:
PERSON(S) DESIGNATED TO PICK UP OR DELIVER CHILD (IF NOT LISTED ABOVE)	
NAME:	
ADDRESS:	
PHONE:	
NAME:	
ADDRESS:	
PHONE:	
PERSON(S) NOT PERMITTED TO PICK UP CHILD	
NAME:	
NAME:	

