



# Child Enrollment Form

\_\_\_\_ - \_\_\_\_  
School Year

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Enrollment Date



_____ Child's Name	_____ Sex	_____ Age	____/____/____ Date of Birth	____/____/____ Withdrawal Date
_____ Home Address			(____)____-____ Home Telephone	
_____ Father's Name	_____ Home Address, If different from child		(____)____-____ Telephone Number	
_____ Place of Employment	_____ Address of Employment		(____)____-____ Telephone Number	
_____ Mother's Name	_____ Home Address, If different from child		(____)____-____ Telephone Number	
_____ Place of Employment	_____ Address of Employment		(____)____-____ Telephone Number	

Any special instructions on how to reach parents?  No  Yes (if yes, state) \_\_\_\_\_

Child's Living Arrangement:  Both Parents  Mother  Father  Other \_\_\_\_\_  
 Child's Legal Guardian(s):  Both Parents  Mother  Father  Other \_\_\_\_\_

**The Child may be released to the person(s) signing this agreement or to the following:**

_____ <input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Sister/Brother <input type="checkbox"/> Friend	_____ Address	(____)____ Telephone Number
_____ <input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Sister/Brother <input type="checkbox"/> Friend	_____ Address	(____)____ Telephone Number
_____ <input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Sister/Brother <input type="checkbox"/> Friend	_____ Address	(____)____ Telephone Number

**Person(s) to contact in the event of an emergency when parents cannot be reached:**

_____ <input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Sister/Brother <input type="checkbox"/> Friend	(____)____ Telephone Number	_____ <input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Sister/Brother <input type="checkbox"/> Friend	(____)____ Telephone Number
---	--------------------------------	---	--------------------------------

Name of public or private school child attends, If any: \_\_\_\_\_

**Child's Pediatrician or Source of Health Care:**

Name of Physician: \_\_\_\_\_ (\_\_\_\_)\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent(s) Signature: \_\_\_\_\_ /\_\_\_\_/\_\_\_\_