



Application for Enrollment

Child's Name _____ Birthday _____ Age _____
Address _____
Phone # _____

Mother's Name _____	Father's Name _____
Occupation _____	Occupation _____
Business Address _____	Business Address _____
Company Name _____	Company Name _____
Street _____	Street _____
City _____ Zip _____	City _____ Zip _____
Phone # _____	Phone # _____
Social Security # _____	Social Security # _____
Driver's License # _____	Driver's License # _____
Mother's Home Address _____	Father's Home Address _____
Street _____	Street _____
City, State & Zip _____	City, State & Zip _____
Phone # _____	Phone # _____
Cell # _____	Cell # _____

ARE BOTH PARENTS AUTHORIZED TO PICK UP THE CHILD? YES NO

Persons authorized to pick up child and/or contact for emergency
Name Relationship Phone #

Child will be released only to parents or designated persons after signing out on the sign in/out sheets.

Signature of Parent

Signature of Administrator