



## Enrollment Application

Parent / Guardian	Parent / Guardian
Relationship to Child(ren): <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Foster <input type="checkbox"/> Grandparent	Relationship to Child(ren): <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Foster <input type="checkbox"/> Grandparent
First Name / MI / Last Name	First Name / MI / Last Name
Address / City / Zip	Address / City / Zip
E-mail address	E-mail address
Home - Cell Phone #	Home - Cell Phone #

Work Information	Work Information
Employer Name _____ Address _____	Employer Name _____ Address _____
Work Phone # _____ City/State/Zip _____	Work Phone # _____ City/State/Zip _____

Authorization For Pick-Up				
Individuals authorized to pick-up. MUST be at least (2) individuals NON-Parent / NON-Guardian				
First Name _____	Last Name _____	Relationship _____		
Address _____	City _____	State _____	Zip _____	Phone Number _____
First Name _____	Last Name _____	Relationship _____		
Address _____	City _____	State _____	Zip _____	Phone Number _____

Children to be Enrolled					
First Name _____	Last Name _____	DOB (mm/dd/yyyy) _____	First Name _____	Last Name _____	DOB (mm/dd/yyyy) _____
Age _____	Classroom/Unit _____	Sex: (F) / (M) _____	Age _____	Classroom/Unit _____	Sex: (F) / (M) _____
First Name _____	Last Name _____	DOB (mm/dd/yyyy) _____	First Name _____	Last Name _____	DOB (mm/dd/yyyy) _____
Age _____	Classroom/Unit _____	Sex: (F) / (M) _____	Age _____	Classroom/Unit _____	Sex: (F) / (M) _____

Parent / Guardian Signature	Date	Parent / Guardian Signature	Date
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