2117 N Parkwood Ln Wichita, KS 67208 Phone: 316-686-2169 / 2960 Fax: 316-686-1340



## **Enrollment Application**

Parent / Guardian				Parent / Guardian			
Relationship to Ch	nild(ren):			Relationship to Ch	ild(ren):		
□ Parent	□ Guardian □ Foste	r □ Gra	andparent	□ Parent □	□ Guardian □ Foste	r 🗆 Grandparent	
First Name / MI / Last Name				First Name / MI / Last Name			
							Address / City / Zip
•	•			,			
E-mail address				E-mail address			
Home - Cell Phone #				Home - Cell Phone #			
Work Information				Work Information			
Faralassa Nasa	A .l	J		Faralassa Mana	A .4	dua a	
Employer Name Address			Employer Name Address				
Work Phone # City/State/Zip			Work Phone #	k Phone # City/State/Zip			
		Autho	orizatio	n For Pick	-Up		
	Individuals authori	zed to pick-up	. MUST be at	least (2) individuals N	ION-Parent / NON-Guardian		
First Name Last Name			Relationship				
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Address		City	State	Zip	Phor	ne Number	
First Name		Last Na	ama		Pola	tionship	
1 IISt Ivailie		Lastin	airic		Neia	шопэпір	
Address	ldress City State		State	Zip	Phor	Phone Number	
		Chile	dren to	be Enrolle	ed		
First Name	Last Name	DOR (m	m/dd/yyyy)	First Name	Last Name	DOB (mm/dd/yyyy)	
i ii st ivaiii c	Last Name	111) 000	m/uu/yyyy)	i iist Name	Last Name	DOB (IIIII/dd/yyyy)	
Age	Classroom/Unit	Sex: (F	(M)	Age	Classroom/Unit	Sex: (F) / (M)	
First Name	Last Name	DOR (m	m/dd/yyyy)	First Name	Last Name	DOB (mm/dd/yyyy)	
Tilotivamo	Last Name	111) 000	m/uu/yyyy)	i ii st ivaiii c	Lastivanie	DOB (IIIII/dd/yyyy)	
Age	Classroom/Unit	Sex: (F	F) / (M)	Age	Classroom/Unit	Sex: (F) / (M)	
			_				
Parent / Guardian Signature		Date		Parent / Guardian Signature		Date	