



ENROLL DATE: _____

NAME OF CHILD: _____ SEX: _____

HOME ADDRESS: _____

PHONE: _____ BIRTHDATE: _____

CELL PHONE: _____

PARENT OR GUARDIAN: _____

DRIVER'S LICENSE #: _____

NAME OF PARENT'S EMPLOYER: _____

WORK ADDRESS: _____

PHONE: _____ E-Mail: _____

PARENT OR GUARDIAN: _____

DRIVER'S LICENSE #: _____

NAME OF PARENT'S EMPLOYER: _____

WORK ADDRESS: _____

PHONE: _____ E-Mail: _____

OTHERS TO BE CONTACTED WITHIN THE IMMEDIATE AREA IF PARENTS OR GUARDIAN CANNOT BE CONTACTED IN CASE OF EMERGENCY:

NAME: _____

ADDRESS: _____ PHONE: _____

NAME: _____

ADDRESS: _____ PHONE: _____

CHILD'S PHYSICIAN: _____

ADDRESS: _____ PHONE: _____

NAMES OF PERSONS AUTHORIZED TO PICK UP CHILD:

NAME: _____

ADDRESS: _____ PHONE: _____

NAME: _____

ADDRESS: _____ PHONE: _____