

ENROLLMENT APPLICATION

Name of the child: _____
(Please Print - Last Name, First Name)

Address: _____
City, State, Zip Code: _____
Telephone Number: _____

Enrollment Date: _____ Present Age: _____
Birth Date: _____ Sex: _____
Arrival Time: _____ Departure Time: _____
Child Care Program: Flat Rate: _____ Accumulated: _____
Who will be bringing the child to school most regularly?

Father's Name: _____ SS# _____
Occupation: _____
Business Name, Address Phone #: _____

Mother's Name: _____ SS# _____
Occupation: _____
Business Name, Address Phone #: _____

Mother's Maiden Name: _____
Names and ages of other children in the family _____

Names of other adults living in the home and their relationship to the child: _____

Pediatrician: _____
Address and Phone #: _____

Previous schooling: _____
Is either parent a step parent? _____ Which parent? _____
Is either parent away from home for long periods of time? _____
Is child cared for by anyone other than parents? _____
Is there any unusual features in the child's home or history which would be useful in better understanding the child? _____

What are the child's most desirable characteristics? _____

What are the child's least desirable characteristics? _____

Comments: _____

Mother's Signature: _____ Date: _____
Father's Signature: _____ Date: _____