

Parent Updates (Please Initial) _____ Date _____

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Enrollment Registration Information

Child Information

Name of Child (First, Last, Middle Initial): _____

Nickname: _____ Age: _____ Sex: M / F Date of Birth: _____

Child's Primary Language: _____ Parent/Guardian's Primary Language: _____

Parent/Guardian's Name _____ Occupation _____

Employer _____ Work Phone # _____

Cell Phone #: _____ Home Phone # _____

Email Address: _____

Parent/Guardian's Name _____ Occupation _____

Employer _____ Work Phone # _____

Cell Phone #: _____ Home Phone # _____

Email Address: _____

Child's Home Address: _____

Parent/Guardian Marital Status: ___ Single ___ Married ___ Divorced ___ Widowed

Primary Residence: ___ Mother ___ Father ___ Both ___ Guardian

Circle Days to Attend: AM MON TUES WED THURS FRI

PM MON TUES WED THURS FRI

AM & PM session only available for 3 & 4's age group

Has your child had previous group experience? Please explain:

When do you wish to enroll? _____

Primary Contact & Emergency Release Persons

Parent/Guardian #1: _____ Relationship to Child: _____

Phone #: _____ Address: _____

Parent/Guardian #2: _____ Relationship to Child: _____

Phone #: _____ Address: _____

Parent/Guardian #3: _____ Relationship to Child: _____

Phone #: _____ Address: _____

Doctor's Name: _____ *Phone number:* _____

Any allergies: _____

Please list any special medical instructions: _____

Parent/Guardian Signature: _____ Date: _____