



Child's name: \_\_\_\_\_ Adult enrolling child: \_\_\_\_\_

**MOTHER or LEGAL GUARDIAN:**  Primary party responsible for billing

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Company/Employer Name: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Preferred email address for communications: \_\_\_\_\_

May we contact you electronically with newsletters, updates and letters? Y N

**FATHER or LEGAL GUARDIAN:**  Primary party responsible for billing

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Company/Employer Name: \_\_\_\_\_ Work hours: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Preferred email address for communications: \_\_\_\_\_

May we contact you electronically with newsletters, updates and letters? Y N

**CHILD:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ (if different from above)

Home Phone #: \_\_\_\_\_ Social Security #: XX-\_\_\_\_-\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: (circle) Male Female Ethnicity: \_\_\_\_\_

If someone referred you to us, please be sure to list that person here \_\_\_\_\_

Not referred? How did you hear about us? \_\_\_\_\_

**EMERGENCY CONTACT/AUTHORIZED PICKUP PEOPLE:**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Second Phone #: \_\_\_\_\_ Authorized to pick up: (circle) YES NO

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Second Phone #: \_\_\_\_\_ Authorized to pick up: (circle) YES NO

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Second Phone #: \_\_\_\_\_ Authorized to pick up: (circle) YES NO

