



## 2018 - 2019 Enrollment Form

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

E-mail address: \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Place of employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Place of employment \_\_\_\_\_ Work Phone \_\_\_\_\_

### Emergency Contacts (also authorized to pick up my child in my absence)

Emergency Contact 1 \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact 2 \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact 3 \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Allergies \_\_\_\_\_

Diet restrictions \_\_\_\_\_

Medical conditions \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

(Please circle days you wish for your child to attend. Preschool ages 2 - 5 may circle 2, 3, or 4 days;  
Toddlers ages 15 - 24 months may circle 1, 2, 3, or 4 days)

Days of attendance: **M T W Th**

### IMPORTANT INFORMATION:

**Your child is not considered enrolled until registration is paid.  
The registration fee is NON-REFUNDABLE**

#### For Center Use Only

Registration fee paid \$ \_\_\_\_\_ Date \_\_\_\_\_ Cash \_\_\_\_\_ Check# \_\_\_\_\_

Class assignment \_\_\_\_\_