



# Enrollment Application

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

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

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

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

Phone Number \_\_\_\_\_

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

Phone Number \_\_\_\_\_

Names of people allowed to pick up your child \_\_\_\_\_

\_\_\_\_\_

Known Allergies \_\_\_\_\_

\_\_\_\_\_

Additional Conditions we should be aware of \_\_\_\_\_

Would you like to be included on your child's classroom phone list? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Class Entering      MMO      2's      3's      Pre-K

Day's Attending      T/TH      MWF      M-F