

**ENROLLMENT FORM**

This form is required annually for enrollment. Enrollment is not considered complete without this form.

**Mark an "X" by address where child lives**

Child's Name: \_\_\_\_\_  
(Last) (First) (Middle) (Nickname)

Birthdate \_\_\_\_\_ Sex: \_\_\_\_\_ Start Date/School Year: \_\_\_\_\_

**Parent/Legal Guardian Information**

Mother/Guardian's Information

Father/Guardian's Information

Name \_\_\_\_\_

Name \_\_\_\_\_

Please check relation to child:

Please check relation to child:

\_\_\_ Mother \_\_\_ Guardian

\_\_\_ Father \_\_\_ Guardian

Does this person have legal custody? \_\_\_\_\_

Does this person have legal custody? \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone # \_\_\_\_\_

Home Phone # \_\_\_\_\_

SS# \_\_\_\_\_

SS# \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_

Beeper # \_\_\_\_\_

Beeper # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Employment Address \_\_\_\_\_  
\_\_\_\_\_

Employment Address \_\_\_\_\_  
\_\_\_\_\_

E-mail \_\_\_\_\_

E-mail \_\_\_\_\_

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

Address \_\_\_\_\_

Phone # \_\_\_\_\_

May the CDC call another physician if unable to contact the above?  YES  NO

**Persons permitted to remove child and to be contacted in case of illness, accident, or emergency:** (NOTE: by putting a person's name below you are allowing that person to pick up your child at any time)

Legal Mother/Guardian  Yes  No

Legal Father/Guardian  Yes  No

	Name	Relationship	Phone numbers
1			
2			
3			
4			

Primary hours of care: From: \_\_\_\_\_ Until: \_\_\_\_\_

Allergies or Medical Conditions: \_\_\_\_\_

\_\_\_\_\_

Child's parents are: \_\_\_ married to each other \_\_\_ separated \_\_\_ divorced \_\_\_ never married

Please explain any custody issues and attach any necessary paperwork.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By submitting this form, I agree to abide by the school policies and procedures outlined in the 2010-2011 Parent Handbook.

Signature \_\_\_\_\_ Date \_\_\_\_\_