



Enrollment Form

Child's Name: _____

Date of Birth: _____ Boy Girl Starting Date: _____

Previous School Attended:

Name of the school: _____ How Long? _____

Address: _____

Reason for leaving: _____

Mother's Name: _____

Home Address: _____

Home Phone: _____ Cell: _____ City Work: _____ Zip

Work Place: _____ Occupation _____

Work Address: _____

Father's Name: _____ City Zip

Home Address: _____

Home Phone: _____ Cell : _____ City Work#: _____ Zip

Work Place : _____ Occupation : _____

Work Address: _____

City Zip

Emergency Contacts

If we cannot reach you in case of an emergency, list below the persons authorized to pick up your child.

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Date: ____ / ____ / ____

Signature of Parent(s)