

Application for Enrollment

Family Information

FATHER			MOTHER		
LAST	FIRST	MI	LAST	FIRST	MI
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
RELATION	SSN		RELATION	SSN	
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	
ADDRESS 1			ADDRESS 1		
<input type="text"/>			<input type="text"/>		
ADDRESS 2			ADDRESS 2		
<input type="text"/>			<input type="text"/>		
CITY	STATE	ZIP	CITY	STATE	ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
HOME PHONE	WORK	EXT	HOME PHONE	WORK	EXT
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CELL	EMAIL		CELL	EMAIL	
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	
EMPLOYER	PIN NUMBER	EXT	EMPLOYER	PIN NUMBER	EXT
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Child Information

CHILD 1			CHILD 2		
LAST	FIRST	MI	LAST	FIRST	MI
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SEX	BIRTHDAY		SEX	BIRTHDAY	
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	
EMG CONTACT & RELATION	EMG PHONE		EMG CONTACT & RELATION	EMG PHONE	
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	
EMG CONTACT & RELATION	EMG PHONE		EMG CONTACT & RELATION	EMG PHONE	
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	
DR'S NAME	DR'S PHONE		DR'S NAME	DR'S PHONE	
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	
INS PROVIDER	POLICY		INS PROVIDER	POLICY	
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	
	START DATE			START DATE	
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	
ALLERGIES	DAYS ENROLLED		ALLERGIES	DAYS ENROLLED	
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	

EMERGENCY AUTHORIZATION

State law requires that we have written authorization from a child's legal guardian to seek medical help in the event of a medical emergency. Signing the statement at the bottom of this letter will provide us with that authorization.

Our policy, in the event of a medical emergency is to contact you first. If we can't contact you, we will try to contact any others you may designate. In the event that we are unable to contact you or your designated representative(s), or if the medical emergency warrants immediate response, we will act, on your behalf and in the best interests of the child.

Signature: _____ Date: _____

OFFICE USE ONLY

Tuition:	Credit Card #:	Classroom:	Referred By:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Auto Authorize	Exp Date: CCD:	Deposit:	Enrolled by:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>