



# Enrollment Application

(To be accompanied by a non-refundable registration fee and two weeks non-refundable tuition)

Please Print

Desired Start Date: \_\_\_\_\_ Child's Date of Birth \_\_\_\_\_

Please Circle :                      Full Time                      or                      Part Time

Child's Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Parent's Name & SS# \_\_\_\_\_

Mother's Work Address: \_\_\_\_\_

Mother's Work Phone #: \_\_\_\_\_

Father's Work Address: \_\_\_\_\_

Father's Work Phone #: \_\_\_\_\_



## PERSONS TO BE CONTACTED IN EMERGENCY IF BOTH PARENTS ARE UNAVAILABLE

Name: \_\_\_\_\_ Home: \_\_\_\_\_ Work # \_\_\_\_\_

Home Address: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Home: \_\_\_\_\_ Work # \_\_\_\_\_

Home Address: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Physician's Name & Phone Number: \_\_\_\_\_

Physician's Complete Address: \_\_\_\_\_

Health Insurance Coverage for Child: \_\_\_\_\_

Policy Number: \_\_\_\_\_



Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Director \_\_\_\_\_