

CHILD ENROLLMENT FORM

Child's Full Name _____ Sex _____ Birthdate _____
Name Child Goes By _____

Address _____
Home Telephone _____ Cell Phone(s) _____

Parents Information

Father _____	Mother _____
Church Preference _____	Church Preference _____
Place of Employment _____	Place of Employment _____
Work Telephone _____	Work Telephone _____

Person(s) to call in case of emergency, when parents cannot be reached

Name _____	Name _____
Telephone _____	Telephone _____
Name _____	
Telephone _____	

Child's Habits

Like _____
Dislikes _____
Favorite past times _____
Food _____
Ability to play with other children _____
Toilet training _____
Other (specify) _____

Transportation arrangements Parents _____ Someone else _____

Person(s) to whom child may be released

_____	_____
_____	_____

I hereby authorize this school:

1. To care for my child during the time he or she is at school.
2. To secure emergency medical care for my child in case of inability of the school to reach me.

I agree to pay \$125.00 per month by the first of each month. After the tenth of the month, a \$10.00 late fee will be incurred.

Date

Parent(s) Signature