



APPLICATION FOR ENROLLMENT

First Name: _____ Middle: _____ Last Name: _____

Gender: ___Male ___Female

Address: _____ City: _____ State: _____

Zip: _____ Birth date: ____/____/____ Child's SSN: _____

Mother's Name/ Legal Guardian: _____

Address: _____ City: _____

Place of Employment: _____

Address: _____ City: _____

Work Number: _____ Cell Number: _____

Father's Name: _____

Address: _____ City: _____

Place of Employment: _____

Address: _____ City: _____

Work Number: _____ Cell Number: _____

Child School Information:

School: _____ **Grade:** _____

Teacher: _____

School Clubs: _____

Medical Information:

Doctor's Name: _____

Doctor's Phone: _____

Permission for Treatment ____ Yes ____ No

Insurance Carrier _____

Policy #: _____ Group #: _____

Health Problems: ____ Yes ____ No *If yes, explain:*

Medications: ____ Yes ____ No *If yes, explain:*

Emergency Contacts:

In case of emergency, call:

Name: _____ Number: _____

Name: _____ Number: _____

The following person(s) are allowed to pick up and drop off my child:

Person	Relationship (uncle, cousin, mother, etc.)
_____	_____
_____	_____

My child may be photographed/ videotaped at the facility YES NO by the media YES NO

My child may participate in approved field trips sponsored by the facility YES NO

I understand a separate permission form must be signed for each field trip.

PARENT'S SIGNATURE

DATE