

2017 Enrollment Form

Child's Name (First, MI, Last): _____

Mailing Address: _____

Home Phone: _____ Date of Birth: _____

Ethnicity: _____ Gender: _____

Social Security Number: _____ (copy on file _____)

Child lives with: _____

Father's Name(first, last): _____

Father's Mailing Address (if different): _____

Father's Daytime Phone: _____ Father's Employer: _____

Father's Work Phone: _____ Father's Email: _____

Mother's Name (first, last): _____

Mother's Mailing Address (if different): _____

Mother's Daytime Phone: _____ Mother's Employer: _____

Mother's Work Phone: _____ Mother's Email: _____

Emergency Contact Person 1: _____

Relationship: _____ Phone: _____

Address: _____

Emergency Contact Person 2: _____

Relationship: _____ Phone: _____

Address: _____

Emergency Contact Person 3: _____

Relationship: _____ Phone: _____

Address: _____

Special Medical Considerations: _____

Allergies: _____

Medical Alert: _____

Siblings and ages: _____

Parent Signature: _____ Date: _____