



ENROLLMENT APPLICATION FORM

Child's Full Name: _____

Birthdate: _____ Sex: _____ Nickname(s): _____

Mother	Father
Name:	Name:
Address:	Address:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Beeper/Cell:	Beeper/Cell:
Email:	Email:
SS #:	SS #:
DL #:	DL #:

EMERGENCY CONTACTS	PERSONS PERMITTED TO PICK UP
Name:	Name:
Phone:	Phone:
Name:	Name:
Phone:	Phone:
Name:	Name:
Phone:	Phone:

(This form is not complete without a parent signature on the reverse side.)